

REPUBLIC OF SOUTH AFRICA
PATENTS ACT, 1978
APPLICATION FOR A PATENT AND
ACKNOWLEDGEMENT OF RECEIPT
(Section 30(1) Regulation 22)

FORM P.1
(to be lodged in duplicate)
- 1.2.93

REVENUE

R 185.00

THE GRANT OF A PATENT IS HEREBY REQUESTED BY THE UNDERMENTIONED APPLICANT
ON THE BASIS OF THE PRESENT APPLICATION FILED IN DUPLICATE

A & A REF: 125938

PATENT APPLICATION NO:	
21 01	930694
71	FULL NAMES(S) OF APPLICANT(S)

ELI LILLY AND COMPANY

ADDRESS(ES) OF APPLICANT(S)

LILLY CORPORATE CENTER
INDIANAPOLIS
INDIANA 46285
USA

54 TITLE OF INVENTION

PHARMACEUTICAL TREATMENTS


- Only the items marked with an "X" in the blocks below are applicable.
- ☐ THE APPLICANT CLAIMS PRIORITY AS SET OUT ON THE ACCOMPANYING FORM P.2. The earliest priority claimed is Country: No: Date:
- ☐ THE APPLICATION IS FOR A PATENT OF ADDITION TO PATENT APPLICATION NO. |21|01|
- ☐ THIS APPLICATION IS A FRESH APPLICATION IN TERMS OF SECTION 37 AND BASED ON APPLICATION NO. |21|01|

THIS APPLICATION IS ACCOMPANIED BY:

- ☒ A ~~copy of~~ two copies of a complete specification of 57 pages.
- ☐ Drawings of sheets.
- ☐ Publication particulars and abstract (Form P.8 in duplicate) (for complete only).
- ☐ A copy of Figure of the drawings (if any) for the abstract (for complete only).
- ☒ An assignment of invention.
- ☐ Certified priority document(s) (State quantity):
- ☐ Translation of the priority document(s).
- ☐ An assignment of priority rights.
- ☐ A copy of Form P.2 and the specification of RSA Patent Application No. |21|01|
- ☒ A Form P.2 in duplicate.
- ☒ A declaration and power of attorney on Form P.3.
- ☐ Request for ante-dating on Form P.4.
- ☐ Request for classification on Form P.9.
- ☐ Request for delay of acceptance on Form P.4.

74 ADDRESS FOR SERVICE: Adams & Adams, Pretoria

DATED THIS 1st DAY OF FEBRUARY


.....
ADAMS & ADAMS
APPLICANTS PATENT ATTORNEYS

The duplicate will be returned to the applicant's address for service as proof of lodging but is not valid unless endorsed with official stamp.

19-93
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ADAMS & ADAMS
PATENT ATTORNEYS
PRETORIA

FORM P7

REPUBLIC OF SOUTH AFRICA
Patents Act, 1978

COMPLETE SPECIFICATION

(Section 30 (1) - Regulation 28)

OFFICIAL APPLICATION NO.

21 01 930694

LODGING DATE

22 1 FEBRUARY 1993

INTERNATIONAL CLASSIFICATION

51 A61K

FULL NAMES(S) OF APPLICANT(S)

71

ELI LILLY AND COMPANY

FULL NAME(S) OF INVENTOR(S)

72

KRISTINE HAGEN JOHNSON

TITLE OF INVENTION

54

PHARMACEUTICAL TREATMENTS

A&A P207

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PHARMACEUTICAL TREATMENTS

Disclosure of the Invention

This invention pertains to a use of fluoxetine/lovan, dapoxetine, duloxetine, amersergide, 228729, and zatosetron, to treat tobacco withdrawal symptoms, reduction in subjective vigor, muscle relaxation, facilitation of alertness, smoking cessation, useful in suppressing the weight gain and recidivism that usually follows attempts to give up smoking, lethargy, subjective tiredness, loss of energy, crankiness, cigarettes did not taste as "attractive as they used to", treating disturbances of mood, disturbances of appetite or disturbances which contribute to recidivism associated with nicotine withdrawal, ameliorating disturbances of mood, disturbances of appetite or disturbances which contribute to recidivism associated with nicotine withdrawal comprising administering to a human prior to or after discontinuing tobacco use a composition, preventing a return to tobacco use by a human who has stopped using tobacco,

treating the premenstrual or late luteal phase syndrome, disturbed mood and appetite, carbohydrate-craving obesity, or the non-anorexic variants of bulimia, premenstrual tension, Premenstrual Syndrome, nervous tension, headache, and weight gain, excessive retention of salt and water, overconsume carbohydrates, particularly foods with a sweet taste, late luteal phase syndrome, tissue swelling, characteristic behavioral changes premenstrually, overcoming or reducing the symptoms of PMS, preventing disturbances of mood and/or appetite which occur prior to onset of menstruation, sleep, appetite, nutrient selection, blood pressure, mood, endocrine secretion, aggressivity and numerous other sensitivities to external stimuli, Amelioration of the mood and the carbohydrate cravings was reported (using the PMS Symptom Rating Scale),

nicotine withdrawal syndrome symptoms, physiological relief from the withdrawal symptoms, addicted to the psychoactive drug that is the dependence-producing constituent of tobacco, nicotine, heart disease, tobacco products that are smoked or chewed, also lung disease, symptoms of nicotine withdrawal, cessation of tobacco use, nicotine withdrawal syndrome, restlessness, irritability, anxiety, drowsiness, frequent wakings from sleep, impatience, confusion, impaired concentration, carbohydrate craving and weight gain, impaired reaction time and a craving for tobacco, reduce the intensity of the craving for tobacco and other tobacco withdrawal symptoms, relieved nicotine withdrawal symptoms

particularly the long term cravings for nicotine, without the hazards associated with the administration of nicotine, would be highly desirable, cessation of tobacco consumption, virtual immediate relief of tobacco product craving and other symptoms of nicotine withdrawal syndrome, treatment of individuals seeking to discontinue consumption of tobacco products that suffer from symptoms of nicotine withdrawal syndrome, symptoms of nicotine withdrawal syndrome resulting from the discontinued use of tobacco consumed in any form, including the smoking of cigarette, cigar or pipe tobacco, or the chewing of snuff or chewing tobacco, reducing carbohydrate craving, drowsiness to sleepiness, Anxiety, nausea, dizziness and headaches, eliminating the suffering experienced from the nicotine withdrawal syndrome over the course of these programs, which not only allows the programs to focus on their educational or behavioral modification goals, but also reduces the incidence of program non-completion, smoking and abrupt termination, remission from symptoms of withdrawal and a profound decrease in cravings for cigarettes, subsequent ability to control the severe urges through psychological and behavioral techniques, entirely different and experienced near total alleviation of her symptoms of anxiety, irritability, restlessness, impatience, food cravings, and thirst which had been previously intolerable, cease smoking, stopped smoking with subsequent extreme carbohydrate cravings and irritability, lack of concentration, anxiety, depression as well as some insomnia symptoms, myocardial infarctions, a better sense of control, cross addicted individual who has been able to give up heroin and other substances of abuse but remains severely addicted to nicotine, severe urges throughout her entire period of not smoking, viral gastritis, dramatic relief from her urges, anxiety, difficulty concentrating, irritability, restlessness and impatience, near total alleviation of the troublesome symptoms, stop smoking, withdrawal from nicotine, coming off of heroin, significant relief to be free now of all drugs, difficulty coping on an emotional basis, attenuate the symptoms of withdrawal, improvement in his overall sense of well being, complete abatement of urges for cigarettes as well,

assisting weight loss involving the combined administration of a rauwolfia alkaloid and at least one antidepressant, selected from the groups consisting of aminoazoles, phenoxyphenylpropylamines, and aminopropiophenones, in a daily regimen with the optional co-administration of one or more sympathomimetic anorexic agents, active ingredients to suppress appetite; maintaining weight loss, excess body weight and obesity, appetite suppressive,

increased compliance with and tolerance to a low-calorie diet will often develop, suppress appetite, concomitant administration of effective amounts of a rauwolfia alkaloid and at least one antidepressant, antihypertensive therapeutic agents in the management of elevated blood pressure, management of agitated psychotic states, such as schizophrenia, rauwolfia alkaloids are deserpidine, alperaxylon, reserpine, and rauwolfia serpentina, rate of weight loss, patient compliance to a calorically-restricted diet

sympathomimetic anorexic agents are administered in an effective amount, normally its recommended dosage, over a portion of the time during which the rauwolfia alkaloid and one or more of the specified antidepressants are being administered, sympathomimetic anorexic agents refers to compounds pharmacologically similar to amphetamine, dextroamphetamine, methamphetamine, benzphetamine, phentermine, chlorphentermine, fenfluramine, dextrofenfluramine, clortermine, mephentermine, phenmetrazine, phendimetrazine, diethylpropion, mazindol, phenylpropanolamine, ephedrine, pseudoephedrine and methylphenidate, representative sympathomimetic anorexic agent is diethylpropion, prevent possible insomnia, weight reduction, hypertensive, diabetic, weight change, neuropathic, analgesia is produced or hyperalgesia is reduced in an animal including human beings by administering 3-(p-trifluoromethylphenoxy)-N-methyl-3-phenylpropylamine either alone or with morphine sulfate, producing analgesia or reducing hyperalgesia, innocuous analgesic which could serve as a substitute for opiates in order to avoid the problems of addiction, co-administration of morphine sulfate and 3-(p-trifluoro-methylphenoxy)-N-methyl-3-phenylpropylamine produces a synergistic analgesic effect over either compound when administered alone

retention of memory, treatment of amnesia, post-training subcutaneous administration on memory retention, post-training intracerebroventricular administration memory retention, pre-training subcutaneous administration of fluoxetine on memory retention, dose-response improvement of recall score by pre-test administration of fluoxetine, improved recall of information poorly stored in memory because of weak training, acquisition, Acquisition of T-maze active avoidance, time-dependent improvement of memory retention by post-training subcutaneous administration anti-amnesic effect, retention for passive avoidance conditioning, usually improve retention in passive

avoidance as well as active avoidance paradigms, improve retention for one-trial passive avoidance,

the ability to employ lesser amounts of dextropropoxyphene than normally required to achieve the same analgesic effect desirable in order to limit physical dependence, tolerance, and respiratory depression, as well as other adverse side effects normally associated with chronic administration of dextropropoxyphene, for producing analgesia even in patients who have become tolerant to opioids, potentiating dextropropoxyphene analgesia

circadian rhythm disorders, borderline personallity disorders, personality disorders, Late Luteal Phase Dysphoric Disorder, psychoactive substance use disorders, sexual disorders, and schizophrenia and certain psychiatric symptoms including stress anger, worry, rejection sensitivity and lack of mantal or physical energy, personality traits are inflexible and maladaptive and cause either significant functional impairment or subject distress that they constitute personality disorders, significant impairment in social or occupational functioning or subjective distress, borderline personality disorder (BPD) from anti-social personality disorder, antisocial personality disorder or many traits of the syndrome, instability of self-image, interpersonal relationships and mood, beginning by early adulthood and present in a variety of contexts, such as self-image, sexual orientation, long-term goals or career choice, types of friends or lovers to have, or which values to adopt, chronic feelings of emptiness or boredom, interpersonal relationships are usually unstable and intense, extremes of over-idealization and devaluation, difficulty tolerating being alone, frantic efforts to avoid real or imagined abandonment, a pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of over-idealization and devaluation, impulsiveness in at least two areas that are potentially self-damaging e.g., spending, sex,, substance use, shoplifting, reckless driving, or binge eating, affective instability; marked shifts from baseline mood, usually lasting a few hours and only rarely more than a few days, inappropriate, intense anger or lack of control of anger, e.g., frequent displays of temper, constant anger or recurrent physical fights, recurrent suicidal threats, gestures, or behavior or self-mutilating behavior, marked and persistent identity disturbance manifested by uncertainty about at least two of the following: self-image, sexual orientation, long-term goals or career choice, type of friends desired or preferred

values, chronic feelings of emptiness or boredom, frantic efforts to avoid real or imagined abandonment, premenstrual Syndrome (PMS) variety of physical and emotional changes associated with specific phases of the menstrual cycle, clinically significant emotional and behavioral symptoms that occur during the last week of the luteal phase and remit within a few days after the onset of the follicular phase, marked affective lability (e.g., sudden episodes of tearfulness, sadness, or irritability); persistent feelings of irritability, anger or tension (feeling "on edge"); feelings and self-deprecating thoughts

fatigability and loss of energy, a subjective sense of difficulty in concentrating, changes in appetite, cravings for specific foods (especially carbohydrates), and sleep disturbance, other physical symptoms, such as breast tenderness or swelling, headaches, joint or muscle pain, a sensation of "bloating", and weight gain, water retention, crying spells, circadian rhythm disorders, insufficient and/or unsatisfying sleep, often associated with certain types of professional activities i.e., shift-workers and travel schedules of airline personnel and air travelers), regulation of the disorder of the circadian sleep-wake rhythm, "sleep-wake" schedule disorders, insomnia, hypersomnia, transient sleep-wake schedule mismatches, older people have more difficulty adjusting to frequent schedule changes, induces a phase-shift in the circadian rhythm, anterograde amnesia, treatment of jet lag, cope with time-zone changes or with changing work schedules, psychoactive substance abuse addiction and/or dependence, cluster of cognitive, behavioral, and physiologic symptoms that indicate that the person has impaired control of his psychoactive substance use and continues use of the substance despite adverse consequence, chronic maladaptive and self-destructive behaviors, schizophrenia, psychotic symptoms during the active phase of the illness, and functioning below the highest level previously achieved, delusions, hallucinations, or certain characteristic disturbances in affect and the form of thought, at least delusions, prominent hallucinations, incoherence or marked loosening of associations, catatonic behavior, flat or grossly inappropriate affect, bizarre delusions (such as being controlled by a dead person), or prominent hallucinations,

sexual disorders, paraphilias, sexual dysfunctions, premature ejaculation, recurrent intense sexual urges and sexually arousing fantasies generally involving either (1) nonhuman objects, (2) the suffering or humiliation of oneself or one's partner (not merely

simulated), or (3) children or other nonconsenting persons, paraphilia patient has either acted on these urges or is markedly distressed, hypersexual states, stress, worry, anger, rejection sensitivity and lack of mental or physical energy, heart attacks, "strokes", ulcers and other stress related illnesses, anger, "Type A" personality, domestic violence, violence in general, rejection sensitivity, extremely upset, angry or depressed in response to what they interpret (frequently incorrectly) as rejection, abandonment, or criticism, rejection-sensitive dysphoria, low mental or physical energy, amphetamine psychosis or rebound acute drowsiness), safe and effective in facilitating psychotherapy, any form of psychotherapy must address the patients "resistance" to change, inability to disengage from a particular worry, and look with a less rigid mindset at a larger picture, tendency to react in anger, inertia, hypochondriasis, method for enhancing psychotherapy, useful in the effective management and treatment of the specific disorders or specific symptoms

borderline personality disorder, manage agitation, psychotic, schizoid or schizotypal features; dysthymic, polysubstance dependence, cyclothymic, narcissistic, bulimia, alcohol dependence, psychosis NOS, psychogenic fugue, subsyndromal Seasonal Pattern Depression, Attention Deficit Hyperactivity Disorder (ADHD), Histrionic Personality Disorder personality disorders; pervasive pattern of excessive emotionality and attention seeking, difficulty asserting herself in a relationship, strained relationships, confident, stronger, ability to relate to people, Narcissistic Personality Disorder, grandiosity (in fantasy or behavior) hypersensitivity to the evaluation of others and lack of empathy, psychoactive substance use, reduce craving for alcohol, assist people to stop using drugs, stopping various illicit drugs including opiates, benzodiazepines, marijuana, and cocaine, cigarettes, desire to quit cigarettes decrease in craving, decrease in marijuana use, craving for marijuana during pregnancy, relapse of usage, abusing marijuana

severe incapacitating symptoms of LLPDD, general ability to function, severe premenstrual symptoms, early awakening, morning was stimulating, phase delay of their circadian rhythms, rhythms synchronized, improvement in early morning functioning, body clock, sexual disorders, delayed orgasm, troubled by a drive to act out sexually in terms of pornography and masturbation, desire to stop; unable to do so, being able to go for weeks without sex, perform well sexually, enjoy sex, perverse sexual

desires, no more deviant sexual desires, decreased libido, less desperate for an orgasm, problems with potency, used only in cases of dangerous sexual offenders (e.g. rape and child molestation), schizophrenia, anxiety, potentially devastating long term side effects of antipsychotic drugs currently available (including sometimes irreversible movement disorders, such as tardive dyskinesia and potentially fatal neuroleptic malignant syndrome) make alternatives to antipsychotic drugs a critical need, stress, subjective distress, ability to function in the face of stress, improvement in chronic gastrointestinal disorders, experienced palpitations of the heart in stress situations and noted that this stopped, arrhythmia, able to cope, take on this increased work load, anger, mad, rejection sensitivity, parenting easier and enjoyable, not bothered by occasional critical remarks, no longer living in "fear of rejection", recognized disorder defined in DSM-III-R, fear of having, or the belief that one has a serious disease based on the person's interpretation of physical signs or sensations as evidence of physical illness

preoccupation may be with bodily functions, such as heartbeat, sweating or peristalsis or with minor physical abnormalities such as a small sore or an occasional cough, be preoccupation with a specific organ or a single disease as in "cardiac neurosis," nonspecific abdominal complaints, enjoy his work, worried about her children, able to adopt a more relaxed attitude with her son,

mental or physical energy, completely exhausted at the end of her work day and unable to socialize or otherwise function effectively in the evenings, better level of energy, not depressed but has multiple sclerosis, fatigued, not depressed but had become extremely sedentary, non-depressed patient, reported that she never had energy to do any housework after each day, not depressed, but was always so exhausted by the end of the day that he could never volunteer for overtime, facilitator of psychotherapy, superficial and rambling in his session; dramatically relaxed his defensive posture and allowed an interchange, let go of his preoccupation with a particular worry and make progress in a number of areas, unable to acknowledge her motivation for infanticide, denying, tendency to intellectualize and deny his feelings, more able to identify and express his feelings, preoccupation and worries about his health, motivation for change, suicidal or poor self-image, frequent boredom, mood was labile, difficulty sleeping, vulnerability, hypomania, global clinical

rating abnormal, unstable intense relationships; impulsivity with respect to alcohol use and reckless driving; affective instability with prominent anxiety, irritability, and depression; intense anger with frequent talk of wanting to kill the objects of his anger; recurrent physical fights with his younger brother; several periods of suicidal threats; persistent identity disturbance manifested in self-image and fluctuating career goals (e.g., spy, race car driver, etc.); and chronic feelings of boredom, prominent paranoid personality traits but no psychotic symptoms, co-existent dysthymic disorder and hypochondriasis, other drivers would regularly infuriate him, brighter mood, improved school performance, increased sociability

treating premature ejaculation, sexual dysfunction, term premature ejaculation includes congenital premature ejaculation as well as primary premature ejaculation where the male ejaculates extremely rapidly, e.g., prior to penetration with coitus or within ten to twenty strokes after intromission, so as to adversely affect the sexual relationship between the involved partners. The psychoanalytical definition of ejaculation, in less than one minute, also suffices for these purposes as well as the Masters and Johnson definition where the male ejaculates 50 percent of the time more rapidly than the female is able to have an orgasm if she has no orgasmic dysfunction of her own, intermittent episodic impotence, erectile insecurity, decreased nocturnal penile tumescence as well as a decreased Doppler value of 0.7, prolong onset of his ejaculations, obtaining very excellent results in that onset of his ejaculations was now 3 to 4 minutes after intromission, active coital penetration and thrusting in numerous positions,

antihistamine, anticholinergic, w/Darvon (dextropropoxyphene), alone or a combination with 1-5-hydroxytryptophan, preferably also with a peripheral decarboxylase inhibitor, is administered to hypertensive mammals to lower blood pressure, in Sidman avoidance, using squirrel monkeys, the response of the monkeys increased, pigeons trained under an adjusting ratio schedule, the drugs of this invention affect behavior in the same way as does the marketed antidepressant, desmethylinipramine (DMI), humans suffering from various psychoses, chronic undifferentiated schizophrenic patients, psychotropic agents, find use in treating disorders of sleep, sexual performance, appetite, muscular function, and pituitary function, preventing reserpine hypothermia, antagonizing or reversing hypothermia, apomorphine hypothermia, affect the behavior of animals trained in a variety of operant behavior schedules.

Claims

1. A substance or composition for use in a method of treatment for treating tobacco withdrawal symptoms, reduction in subjective vigor, muscle relaxation, facilitation of alertness, smoking cessation, useful in suppressing the weight gain and recidivism that usually follows attempts to give up smoking, lethargy, subjective tiredness, loss of energy, crankiness, cigarettes did not taste as 'attractive as they used to', treating disturbances of mood, disturbances of appetite or disturbances which contribute to recidivism associated with nicotine withdrawal, ameliorating disturbances of mood, disturbances of appetite or disturbances which contribute to recidivism associated with nicotine withdrawal comprising administering to a human prior to or after discontinuing tobacco use a composition, preventing a return to tobacco use by a human who has stopped using tobacco,

treating the premenstrual or late luteal phase syndrome, disturbed mood and appetite, carbohydrate-craving obesity, or the non-anorexic variants of bulimia, premenstrual tension, Premenstrual Syndrome, nervous tension, headache, and weight gain, excessive retention of salt and water, overconsume carbohydrates, particularly foods with a sweet taste, late luteal phase syndrome, tissue swelling, characteristic behavioral changes premenstrually, overcoming or reducing the symptoms of PMS, preventing disturbances of mood and/or appetite which occur prior to onset of menstruation, sleep, appetite, nutrient selection, blood pressure, mood, endocrine secretion, aggressivity and numerous other sensitivities to external stimuli, Amelioration of the mood and the carbohydrate cravings was reported (using the PMS Symptom Rating Scale),

nicotine withdrawal syndrome symptoms, physiological relief from the withdrawal symptoms, addicted to the psychoactive drug that is the dependence-producing constituent of tobacco, nicotine, heart disease, tobacco products that are smoked or chewed, also lung disease, symptoms of nicotine withdrawal, cessation of tobacco use, nicotine withdrawal syndrome, restlessness, irritability, anxiety, drowsiness, frequent wakings from sleep, impatience, confusion, impaired concentration, carbohydrate craving and weight gain, impaired reaction time and a craving for tobacco, reduce the intensity of the craving for tobacco and other tobacco withdrawal symptoms, relieved nicotine withdrawal symptoms particularly the long term cravings for nicotine, without the hazards associated with the administration

of nicotine, would be highly desirable, cessation of tobacco consumption, virtual immediate relief of tobacco product craving and other symptoms of nicotine withdrawal syndrome, treatment of individuals seeking to discontinue consumption of tobacco products that suffer from symptoms of nicotine withdrawal syndrome, symptoms of nicotine withdrawal syndrome resulting from the discontinued use of tobacco consumed in any form, including the smoking of cigarette, cigar or pipe tobacco, or the chewing of snuff or chewing tobacco, reducing carbohydrate craving, drowsiness to sleepiness, anxiety, nausea, dizziness and headaches, eliminating the suffering experienced from the nicotine withdrawal syndrome over the course of these programs, which not only allows the programs to focus on their educational or behavioral modification goals, but also reduces the incidence of program non-completion, smoking and abrupt termination, remission from symptoms of withdrawal and a profound decrease in cravings for cigarettes, subsequent ability to control the severe urges through psychological and behavioral techniques, entirely different and experienced near total alleviation of her symptoms of anxiety, irritability, restlessness, impatience, food cravings, and thirst which had been previously intolerable, cease smoking, stopped smoking with subsequent extreme carbohydrate cravings and irritability, lack of concentration, anxiety, depression as well as some insomnia symptoms, myocardial infarctions, a better sense of control, cross addicted individual who has been able to give up heroin and other substances of abuse but remains severely addicted to nicotine, severe urges throughout her entire period of not smoking, viral gastritis, dramatic relief from her urges, anxiety, difficulty concentrating, irritability, restlessness and impatience, near total alleviation of the troublesome symptoms, stop smoking, withdrawal from nicotine, coming off of heroin, significant relief to be free now of all drugs, difficulty coping on an emotional basis, attenuate the symptoms of withdrawal, improvement in his overall sense of well being, complete abatement of urges for cigarettes as well,

assisting weight loss involving the combined administration of a rauwolfia alkaloid and at least one antidepressant, selected from the groups consisting of aminoazoles, phenoxyphenylpropylamines, and aminopropiophenones, in a daily regimen with the optional co-administration of one or more sympathomimetic anorexic agents, active ingredients to suppress appetite, maintaining weight loss, excess body weight and obesity, appetite suppressive, increased compliance with and tolerance to a low-calorie diet will often develop, suppress appetite,

concomitant administration of effective amounts of a rauwolfia alkaloid and at least one antidepressant, antihypertensive therapeutic agents in the management of elevated blood pressure, management of agitated psychotic states, such as schizophrenia, rauwolfia alkaloids are deserpidine, alperaxylon, reserpine, and rauwolfia serpentina, rate of weight loss, patient compliance to a calorically-restricted diet.

sympathomimetic anorexic agents are administered in an effective amount, normally its recommended dosage, over a portion of the time during which the rauwolfia alkaloid and one or more of the specified antidepressants are being administered, sympathomimetic anorexic agents refers to compounds pharmacologically similar to amphetamine, dextroamphetamine, methamphetamine, benzphetamine, phentermine, chlorphentermine, fenfluramine, dextrofenfluramine, clortermine, mephentermine, phenmetrazine, phendimetrazine, diethylpropion, mazindol, phenylpropanolamine, ephedrine, pseudoephedrine and methylphenidate, representative sympathomimetic anorexic agent is diethylpropion, prevent possible insomnia, weight reduction, hypertensive, diabetic, weight change, neuropathic, analgesia is produced or hyperalgesia is reduced in an animal including human beings by administering 3-(p-trifluoromethylphenoxy)-N-methyl-3-phenylpropylamine either alone or with morphine sulfate, producing analgesia or reducing hyperalgesia, innocuous analgesic which could serve as a substitute for opiates in order to avoid the problems of addiction, co-administration of morphine sulfate and 3-(p-trifluoro-methylphenoxy)-N-methyl-3-phenylpropylamine produces a synergistic analgesic effect over either compound when administered alone

retention of memory, treatment of amnesia, post-training subcutaneous administration on memory retention, post-training intracerebroventricular administration memory retention, pre-training subcutaneous administration of fluoxetine on memory retention, dose-response improvement of recall score by pre-test administration of fluoxetine, improved recall of information poorly stored in memory because of weak training, acquisition, Acquisition of T-maze active avoidance, time-dependent improvement of memory retention by post-training subcutaneous administration anti-amnesic effect, retention for passive avoidance conditioning, usually improve retention in passive avoidance as well as active avoidance paradigms, improve retention for one-trial passive avoidance,

the ability to employ lesser amounts of dextropropoxyphene than normally required to achieve the same analgesic effect desirable in order to limit physical dependence, tolerance, and respiratory depression, as well as other adverse side effects normally associated with chronic administration of dextropropoxyphene, for producing analgesia even in patients who have become tolerant to opioids, potentiating dextropropoxyphene analgesia

circadian rhythm disorders, borderline personality disorders, personality disorders, Late Luteal Phase Dysphoric Disorder, psychoactive substance use disorders, sexual disorders, and schizophrenia and certain psychiatric symptoms including stress anger, worry, rejection sensitivity and lack of mental or physical energy, personality traits are inflexible and maladaptive and cause either significant functional impairment or subject distress that they constitute personality disorders, significant impairment in social or occupational functioning or subjective distress; borderline personality disorder (BPD) from anti-social personality disorder, antisocial personality disorder or many traits of the syndrome, instability of self-image, interpersonal relationships and mood, beginning by early adulthood and present in a variety of contexts, such as self-image, sexual orientation, long-term goals or career choice, types of friends or lovers to have, or which values to adopt, chronic feelings of emptiness or boredom, interpersonal relationships are usually unstable and intense, extremes of over-idealization and devaluation, difficulty tolerating being alone, frantic efforts to avoid real or imagined abandonment, a pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of over-idealization and devaluation, impulsiveness in at least two areas that are potentially self-damaging e.g., spending, sex,, substance use, shoplifting, reckless driving, or binge eating, affective instability; marked shifts from baseline mood, usually lasting a few hours and only rarely more than a few days, inappropriate, intense anger or lack of control of anger, e.g., frequent displays of temper, constant anger or recurrent physical fights, recurrent suicidal threats, gestures, or behavior or self-mutilating behavior, marked and persistent identity disturbance manifested by uncertainty about at least two of the following: self-image, sexual orientation, long-term goals or career choice, type of friends desired or preferred values, chronic feelings of emptiness or boredom, frantic efforts to avoid real or imagined abandonment, premenstrual Syndrome (PMS) variety of physical and

emotional changes associated with specific phases of the menstrual cycle, clinically significant emotional and behavioral symptoms that occur during the last week of the luteal phase and remit within a few days after the onset of the follicular phase, marked affective lability (e.g., sudden episodes of tearfulness, sadness, or irritability); persistent feelings of irritability, anger or tension (feeling "on edge"); feelings and self-deprecating thoughts

fatigability and loss of energy, a subjective sense of difficulty in concentrating, changes in appetite, cravings for specific foods (especially carbohydrates), and sleep disturbance, other physical symptoms, such as breast tenderness or swelling, headaches, joint or muscle pain, a sensation of "bloating", and weight gain, water retention, crying spells, circadian rhythm disorders, insufficient and/or unsatisfying sleep, often associated with certain types of professional activities i.e., shift-workers and travel schedules of airline personnel and air travelers), regulation of the disorder of the circadian sleep-wake rhythm, "sleep-wake" schedule disorders, insomnia, hypersomnia, transient sleep-wake schedule mismatches, older people have more difficulty adjusting to frequent schedule changes, induces a phase-shift in the circadian rhythm, anterograde amnesia, treatment of jet lag, cope with time-zone changes or with changing work schedules, psychoactive substance abuse addiction and/or dependence, cluster of cognitive, behavioral, and physiologic symptoms that indicate that the person has impaired control of his psychoactive substance use and continues use of the substance despite adverse consequence, chronic maladaptive and self-destructive behaviors, schizophrenia, psychotic symptoms during the active phase of the illness, and functioning below the highest level previously achieved, delusions, hallucinations, or certain characteristic disturbances in affect and the form of thought, at least delusions, prominent hallucinations, incoherence or marked loosening of associations, catatonic behavior, flat or grossly inappropriate affect, bizarre delusions (such as being controlled by a dead person), or prominent hallucinations,

sexual disorders, paraphilias, sexual dysfunctions, premature ejaculation, recurrent intense sexual urges and sexually arousing fantasies generally involving either (1) nonhuman objects, (2) the suffering or humiliation of oneself or one's partner (not merely simulated), or (3) children or other nonconsenting persons, paraphilia patient has either acted on these urges or is markedly distressed, hypersexual states,

stress, worry, anger, rejection sensitivity and lack of mental or physical energy, heart attacks, "strokes", ulcers and other stress related illnesses, anger, "Type A" personality, domestic violence, violence in general, rejection sensitivity, extremely upset, angry or depressed in response to what they interpret (frequently incorrectly) as rejection, abandonment, or criticism, rejection-sensitive dysphoria, low mental or physical energy, amphetamine psychosis or rebound acute drowsiness), safe and effective in facilitating psychotherapy, any form of psychotherapy must address the patients "resistance" to change, inability to disengage from a particular worry, and look with a less rigid mindset at a larger picture, tendency to react in anger, inertia, hypochondriasis, method for enhancing psychotherapy, useful in the effective management and treatment of the specific disorders or specific symptoms

borderline personality disorder, manage agitation, psychotic, schizoid or schizotypal features, dysthymic, polysubstance dependence, cyclothymic, narcissistic, bulimia, alcohol dependence, psychosis NOS, psychogenic fugue, subsyndromal Seasonal Pattern Depression, Attention Deficit Hyperactivity Disorder (ADHD), Histrionic Personality Disorder personality disorders, pervasive pattern of excessive emotionality and attention seeking, difficulty asserting herself in a relationship, strained relationships, confident, stronger, ability to relate to people, Narcissistic Personality Disorder, grandiosity (in fantasy or behavior) hypersensitivity to the evaluation of others and lack of empathy, psychoactive substance use, reduce craving for alcohol, assist people to stop using drugs, stopping various illicit drugs including opiates, benzodiazepines, marijuana, and cocaine, cigarettes, desire to quit cigarettes decrease in craving, decrease in marijuana use, craving for marijuana during pregnancy, relapse of usage, abusing marijuana

severe incapacitating symptoms of LLPDD, general ability to function, severe premenstrual symptoms, early awakening, morning was stimulating, phase delay of their circadian rhythms, rhythms synchronized, improvement in early morning functioning, body clock, sexual disorders, delayed orgasm, troubled by a drive to act out sexually in terms of pornography and masturbation, desire to stop; unable to do so, being able to go for weeks without sex, perform well sexually, enjoy sex, perverse sexual desires, no more deviant sexual desires, decreased libido, less desperate for an orgasm, problems with potency, used only in cases of dangerous sexual

offenders (e.g. rape and child molestation), schizophrenia, anxiety, potentially devastating long term side effects of antipsychotic drugs currently available (including sometimes irreversible movement disorders, such as tardive dyskinesia and potentially fatal neuroleptic malignant syndrome) make alternatives to antipsychotic drugs a critical need, stress, subjective distress, ability to function in the face of stress, improvement in chronic gastrointestinal disorders, experienced palpitations of the heart in stress situations and noted that this stopped, arrhythmia, able to cope, take on this increased work load, anger, mad, rejection sensitivity, parenting easier and enjoyable, not bothered by occasional critical remarks, no longer living in "fear of rejection"; recognized disorder defined in DSM-III-R, fear of having, or the belief that one has a serious disease based on the person's interpretation of physical signs or sensations as evidence of physical illness

preoccupation may be with bodily functions, such as heartbeat, sweating or peristalsis or with minor physical abnormalities such as a small sore or an occasional cough, be preoccupation with a specific organ or a single disease as in "cardiac neurosis," nonspecific abdominal complaints, enjoy his work, worried about her children, able to adopt a more relaxed attitude with her son,

mental or physical energy, completely exhausted at the end of her work day and unable to socialize or otherwise function effectively in the evenings, better level of energy, not depressed but has multiple sclerosis, fatigued, not depressed but had become extremely sedentary, non-depressed patient, reported that she never had energy to do any housework after each day, not depressed, but was always so exhausted by the end of the day that he could never volunteer for overtime, facilitator of psychotherapy, superficial and rambling in his session; dramatically relaxed his defensive posture and allowed an interchange, let go of his preoccupation with a particular worry and make progress in a number of areas, unable to acknowledge her motivation for infanticide, denying, tendency to intellectualize and deny his feelings, more able to identify and express his feelings, preoccupation and worries about his health, motivation for change, suicidal or poor self-image, frequent boredom, mood was labile, difficulty sleeping, vulnerability, hypomania, global clinical rating abnormal, unstable intense relationships: impulsivity with respect to alcohol use and reckless driving; affective instability with prominent anxiety,

irritability, and depression; intense anger with frequent talk of wanting to kill the objects of his anger; recurrent physical fights with his younger brother; several periods of suicidal threats; persistent identity disturbance manifested in self-image and fluctuating career goals (e.g., spy, race car driver, etc.); and chronic feelings of boredom, prominent paranoid personality traits but no psychotic symptoms, co-existent dysthymic disorder and hypochondriasis, other drivers would regularly infuriate him, brighter mood, improved school performance, increased sociability

treating premature ejaculation, sexual dysfunction, term premature ejaculation includes congenital premature ejaculation as well as primary premature ejaculation where the male ejaculates extremely rapidly, e.g., prior to penetration with coitus or within ten to twenty strokes after intromission, so as to adversely affect the sexual relationship between the involved partners. The psychoanalytical definition of ejaculation, in less than one minute, also suffices for these purposes as well as the Masters and Johnson definition where the male ejaculates 50 percent of the time more rapidly than the female is able to have an orgasm if she has no orgasmic dysfunction of her own, intermittent episodic impotence, erectile insecurity, decreased nocturnal penile tumescence as well as a decreased Doppler value of 0.7, prolong onset of his ejaculations, obtaining very excellent results in that onset of his ejaculations was now 3 to 4 minutes after intromission, active coital penetration and thrusting in numerous positions,

antihistimine, anticholinergic, w/Darvon (dextropropoxyphene), alone or a combination with 1-5-hydroxytryptophan, preferably also with a peripheral decarboxylase inhibitor, is administered to hypertensive mammals to lower blood pressure, in Sidman avoidance, using squirrel monkeys, the response of the monkeys increased, pigeons trained under an adjusting ratio schedule, the drugs of this invention affect behavior in the same way as does the marketed antidepressant, desmethylinipramine (DMI), humans suffering from various psychoses, chronic undifferentiated schizophrenic patients, psychotropic agents, find use in treating disorders of sleep, sexual performance, appetite, muscular function, and pituitary function, preventing reserpine hypothermia, antagonizing or reversing hypothermia, apomorphine hypothermia, affect the behavior of animals trained in a variety of operant behavior schedules

said substance or composition comprising N,N-dimethyl-alpha-[2-(1-naphthalenoxy)ethyl]-benzenemethanamine

(dapoxetine), an isolated stereoisomer of dapoxetine, a salt of dapoxetine or a salt of an isolated stereoisomer of dapoxetine, said method comprising administering to a human said substance or composition.

2. A substance or composition for use in a method of treatment for treating tobacco withdrawal symptoms, reduction in subjective vigor, muscle relaxation, facilitation of alertness, smoking cessation, useful in suppressing the weight gain and recidivism that usually follows attempts to give up smoking, lethargy, subjective tiredness, loss of energy, crankiness, cigarettes did not taste as "attractive as they used to", treating disturbances of mood, disturbances of appetite or disturbances which contribute to recidivism associated with nicotine withdrawal, ameliorating disturbances of mood, disturbances of appetite or disturbances which contribute to recidivism associated with nicotine withdrawal comprising administering to a human prior to or after discontinuing tobacco use a composition, preventing a return to tobacco use by a human who has stopped using tobacco,

treating the premenstrual or late luteal phase syndrome, disturbed mood and appetite, carbohydrate-craving obesity, or the non-anorexic variants of bulimia, premenstrual tension, Premenstrual Syndrome, nervous tension, headache, and weight gain, excessive retention of salt and water, overconsume carbohydrates, particularly foods with a sweet taste, late luteal phase syndrome, tissue swelling, characteristic behavioral changes premenstrually, overcoming or reducing the symptoms of PMS, preventing disturbances of mood and/or appetite which occur prior to onset of menstruation, sleep, appetite, nutrient selection, blood pressure, mood, endocrine secretion, aggressivity and numerous other sensitivities to external stimuli, Amelioration of the mood and the carbohydrate cravings was reported (using the PMS Symptom Rating Scale),

nicotine withdrawal syndrome symptoms, physiological relief from the withdrawal symptoms, addicted to the psychoactive drug that is the dependence-producing constituent of tobacco, nicotine, heart disease, tobacco products that are smoked or chewed, also lung disease, symptoms of nicotine withdrawal, cessation of tobacco use, nicotine withdrawal syndrome, restlessness, irritability, anxiety, drowsiness, frequent wakings from sleep, impatience, confusion, impaired concentration, carbohydrate craving and weight gain, impaired reaction time and a craving for tobacco, reduce the intensity of the craving for tobacco and other tobacco withdrawal

symptoms, relieved nicotine withdrawal symptoms particularly the long term cravings for nicotine, without the hazards associated with the administration of nicotine, would be highly desirable, cessation of tobacco consumption, virtual immediate relief of tobacco product craving and other symptoms of nicotine withdrawal syndrome, treatment of individuals seeking to discontinue consumption of tobacco products that suffer from symptoms of nicotine withdrawal syndrome, symptoms of nicotine withdrawal syndrome resulting from the discontinued use of tobacco consumed in any form, including the smoking of cigarette, cigar or pipe tobacco, or the chewing of snuff or chewing tobacco, reducing carbohydrate craving, drowsiness to sleepiness, Anxiety, nausea, dizziness and headaches, eliminating the suffering experienced from the nicotine withdrawal syndrome over the course of these programs, which not only allows the programs to focus on their educational or behavioral modification goals, but also reduces the incidence of program non-completion, smoking and abrupt termination, remission from symptoms of withdrawal and a profound decrease in cravings for cigarettes, subsequent ability to control the severe urges through psychological and behavioral techniques, entirely different and experienced near total alleviation of her symptoms of anxiety, irritability, restlessness, impatience, food cravings, and thirst which had been previously intolerable, cease smoking, stopped smoking with subsequent extreme carbohydrate cravings and irritability, lack of concentration, anxiety, depression as well as some insomnia symptoms, myocardial infarctions, a better sense of control, cross addicted individual who has been able to give up heroin and other substances of abuse but remains severely addicted to nicotine, severe urges throughout her entire period of not smoking, viral gastritis, dramatic relief from her urges, anxiety, difficulty concentrating, irritability, restlessness and impatience, near total alleviation of the troublesome symptoms, stop smoking, withdrawal from nicotine, coming off of heroin, significant relief to be free now of all drugs, difficulty coping on an emotional basis, attenuate the symptoms of withdrawal, improvement in his overall sense of well being, complete abatement of urges for cigarettes as well,

assisting weight loss involving the combined administration of a rauwolfia alkaloid and at least one antidepressant, selected from the groups consisting of aminoazoles, phenoxyphenylpropylamines, and aminopropiophenones, in a daily regimen with the optional co-administration of one or more sympathomimetic anorexic agents, active ingredients to suppress appetite, maintaining weight loss, excess

body weight and obesity, appetite suppressive, increased compliance with and tolerance to a low-calorie diet will often develop, suppress appetite, concomitant administration of effective amounts of a rauwolfia alkaloid and at least one antidepressant, antihypertensive therapeutic agents in the management of elevated blood pressure, management of agitated psychotic states, such as schizophrenia, rauwolfia alkaloids are deserpidine, alperaxylon, reserpine, and rauwolfia serpentina, rate of weight loss, patient compliance to a calorically-restricted diet

sympathomimetic anorexic agents are administered in an effective amount, normally its recommended dosage, over a portion of the time during which the rauwolfia alkaloid and one or more of the specified antidepressants are being administered, sympathomimetic anorexic agents refers to compounds pharmacologically similar to amphetamine, dextroamphetamine, methamphetamine, benzphetamine, phentermine, chlorphentermine, fenfluramine, dexrofenfluramine, clortermine, mephentermine, phenmetrazine, phendimetrazine, diethylpropion, mazindol, phenylpropanolamine, ephedrine, pseudoephedrine and methylphenidate, representative sympathomimetic anorexic agent is diethylpropion, prevent possible insomnia, weight reduction, hypertensive, diabetic, weight change, neuropathic, analgesia is produced or hyperalgesia is reduced in an animal including human beings by administering 3-(p-trifluoromethylphenoxy)-N-methyl-3-phenylpropylamine either alone or with morphine sulfate, producing analgesia or reducing hyperalgesia, innocuous analgesic which could serve as a substitute for opiates in order to avoid the problems of addiction, co-administration of morphine sulfate and 3-(p-trifluoromethylphenoxy)-N-methyl-3-phenylpropylamine produces a synergistic analgesic effect over either compound when administered alone

retention of memory, treatment of amnesia, post-training subcutaneous administration on memory retention, post-training intracerebroventricular administration memory retention, pre-training subcutaneous administration of fluoxetine on memory retention, dose-response improvement of recall score by pre-test administration of fluoxetine, improved recall of information poorly stored in memory because of weak training, acquisition, Acquisition of T-maze active avoidance, time-dependent improvement of memory retention by post-training subcutaneous administration

anti-amnestic effect, retention for passive avoidance conditioning, usually improve retention in passive avoidance as well as active avoidance paradigms, improve retention for one-trial passive avoidance,

the ability to employ lesser amounts of dextropropoxyphene than normally required to achieve the same analgesic effect desirable in order to limit physical dependence, tolerance, and respiratory depression, as well as other adverse side effects normally associated with chronic administration of dextropropoxyphene, for producing analgesia even in patients who have become tolerant to opioids, potentiating dextropropoxyphene analgesia

circadian rhythm disorders, borderline personality disorders, personality disorders, Late Luteal Phase Dysphoric Disorder, psychoactive substance use disorders, sexual disorders, and schizophrenia and certain psychiatric symptoms including stress anger, worry, rejection sensitivity and lack of mental or physical energy, personality traits are inflexible and maladaptive and cause either significant functional impairment or subject distress that they constitute personality disorders, significant impairment in social or occupational functioning or subjective distress, borderline personality disorder (BPD) from anti-social personality disorder, antisocial personality disorder or many traits of the syndrome, instability of self-image, interpersonal relationships and mood, beginning by early adulthood and present in a variety of contexts, such as self-image, sexual orientation, long-term goals or career choice, types of friends or lovers to have, or which values to adopt, chronic feelings of emptiness or boredom, interpersonal relationships are usually unstable and intense, extremes of over-idealization and devaluation, difficulty tolerating being alone, frantic efforts to avoid real or imagined abandonment, a pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of over-idealization and devaluation, impulsiveness in at least two areas that are potentially self-damaging e.g., spending, sex, substance use, shoplifting, reckless driving, or binge eating, affective instability; marked shifts from baseline mood, usually lasting a few hours and only rarely more than a few days, inappropriate, intense anger or lack of control of anger, e.g., frequent displays of temper, constant anger or recurrent physical fights, recurrent suicidal threats, gestures, or behavior or self-mutilating behavior, marked and persistent identity disturbance manifested by uncertainty about at least two of the following:

self-image, sexual orientation, long-term goals or career choice, type of friends desired or preferred values, chronic feelings of emptiness or boredom, frantic efforts to avoid real or imagined abandonment, premenstrual Syndrome (PMS) variety of physical and emotional changes associated with specific phases of the menstrual cycle, clinically significant emotional and behavioral symptoms that occur during the last week of the luteal phase and remit within a few days after the onset of the follicular phase, marked affective lability (e.g., sudden episodes of tearfulness, sadness, or irritability); persistent feelings of irritability, anger or tension (feeling "on edge"); feelings and self-deprecating thoughts

fatigability and loss of energy, a subjective sense of difficulty in concentrating, changes in appetite, cravings for specific foods (especially carbohydrates), and sleep disturbance, other physical symptoms, such as breast tenderness or swelling, headaches, joint or muscle pain, a sensation of "bloating", and weight gain, water retention, crying spells, circadian rhythm disorders, insufficient and/or unsatisfying sleep, often associated with certain types of professional activities i.e., shift-workers and travel schedules of airline personnel and air travelers), regulation of the disorder of the circadian sleep-wake rhythm, "sleep-wake" schedule disorders, insomnia, hypersomnia, transient sleep-wake schedule mismatches, older people have more difficulty adjusting to frequent schedule changes, induces a phase-shift in the circadian rhythm, anterograde amnesia, treatment of jet lag, cope with time-zone changes or with changing work schedules, psychoactive substance abuse addiction and/or dependence, cluster of cognitive, behavioral, and physiologic symptoms that indicate that the person has impaired control of his psychoactive substance use and continues use of the substance despite adverse consequence, chronic maladaptive and self-destructive behaviors, schizophrenia, psychotic symptoms during the active phase of the illness, and functioning below the highest level previously achieved, delusions, hallucinations, or certain characteristic disturbances in affect and the form of thought, at least delusions, prominent hallucinations, incoherence or marked loosening of associations, catatonic behavior, flat or grossly inappropriate affect, bizarre delusions (such as being controlled by a dead person), or prominent hallucinations,

sexual disorders, paraphilias, sexual dysfunctions, premature ejaculation, recurrent intense sexual urges and sexually arousing fantasies generally involving

either (1) nonhuman objects, (2) the suffering or humiliation of oneself or one's partner (not merely simulated), or (3) children or other nonconsenting persons, paraphilia patient has either acted on these urges or is markedly distressed. hypersexual states, stress, worry, anger, rejection sensitivity and lack of mental or physical energy, heart attacks, "strokes", ulcers and other stress related illnesses, anger, "Type A" personality, domestic violence, violence in general, rejection sensitivity, extremely upset, angry or depressed in response to what they interpret (frequently incorrectly) as rejection, abandonment, or criticism, rejection-sensitive dysphoria, low mental or physical energy, amphetamine psychosis or rebound acute drowsiness), safe and effective in facilitating psychotherapy, any form of psychotherapy must address the patients "resistance" to change, inability to disengage from a particular worry, and look with a less rigid mindset at a larger picture, tendency to react in anger, inertia, hypochondriasis, method for enhancing psychotherapy, useful in the effective management and treatment of the specific disorders or specific symptoms

borderline personality disorder, manage agitation, psychotic, schizoid or schizotypal features, dysthymic, polysubstance dependence, cyclothymic, narcissistic, bulimia, alcohol dependence, psychosis NOS, psychogenic fugue, subsyndromal Seasonal Pattern Depression, Attention Deficit Hyperactivity Disorder (ADHD), Histrionic Personality Disorder personality disorders, pervasive pattern of excessive emotionality and attention seeking, difficulty asserting herself in a relationship, strained relationships, confident, stronger, ability to relate to people, Narcissistic Personality Disorder, grandiosity (in fantasy or behavior) hypersensitivity to the evaluation of others and lack of empathy, psychoactive substance use, reduce craving for alcohol, assist people to stop using drugs, stopping various illicit drugs including opiates, benzodiazepines, marijuana, and cocaine, cigarettes, desire to quit cigarettes decrease in craving, decrease in marijuana use, craving for marijuana during pregnancy, relapse of usage, abusing marijuana

severe incapacitating symptoms of LLPDD, general ability to function, severe premenstrual symptoms, early awakening, morning was stimulating, phase delay of their circadian rhythms, rhythms synchronized, improvement in early morning functioning, body clock, sexual disorders, delayed orgasm, troubled by a drive to act out sexually in terms of pornography and masturbation, desire to stop; unable

to do so, being able to go for weeks without sex, perform well sexually, enjoy sex, perverse sexual desires, no more deviant sexual desires, decreased libido, less desperate for an orgasm, problems with potency, used only in cases of dangerous sexual offenders (e.g. rape and child molestation), schizophrenia, anxiety, potentially devastating long term side effects of antipsychotic drugs currently available (including sometimes irreversible movement disorders, such as tardive dyskinesia and potentially fatal neuroleptic malignant syndrome) make alternatives to antipsychotic drugs a critical need, stress, subjective distress, ability to function in the face of stress, improvement in chronic gastrointestinal disorders, experienced palpitations of the heart in stress situations and noted that this stopped, arrhythmia, able to cope, take on this increased work load, anger, mad, rejection sensitivity, parenting easier and enjoyable, not bothered by occasional critical remarks, no longer living in "fear of rejection", recognized disorder defined in DSM-III-R, fear of having, or the belief that one has a serious disease based on the person's interpretation of physical signs or sensations as evidence of physical illness

preoccupation may be with bodily functions, such as heartbeat, sweating or peristalsis or with minor physical abnormalities such as a small sore or an occasional cough, be preoccupation with a specific organ or a single disease as in "cardiac neurosis," nonspecific abdominal complaints, enjoy his work, worried about her children, able to adopt a more relaxed attitude with her son,

mental or physical energy, completely exhausted at the end of her work day and unable to socialize or otherwise function effectively in the evenings, better level of energy, not depressed but has multiple sclerosis, fatigued, not depressed but had become extremely sedentary, non-depressed patient, reported that she never had energy to do any housework after each day, not depressed, but was always so exhausted by the end of the day that he could never volunteer for overtime, facilitator of psychotherapy, superficial and rambling in his session; dramatically relaxed his defensive posture and allowed an interchange, let go of his preoccupation with a particular worry and make progress in a number of areas, unable to acknowledge her motivation for infanticide, denying, tendency to intellectualize and deny his feelings, more able to identify and express his feelings, preoccupation and worries about his health, motivation for change, suicidal or poor self-

image, frequent boredom, mood was labile, difficulty sleeping, vulnerability, hypomania, global clinical rating abnormal, unstable intense relationships: impulsivity with respect to alcohol use and reckless driving; affective instability with prominent anxiety, irritability, and depression; intense anger with frequent talk of wanting to kill the objects of his anger; recurrent physical fights with his younger brother; several periods of suicidal threats; persistent identity disturbance manifested in self-image and fluctuating career goals (e.g., spy, race car driver, etc.); and chronic feelings of boredom, prominent paranoid personality traits but no psychotic symptoms, co-existent dysthymic disorder and hypochondriasis, other drivers would regularly infuriate him, brighter mood, improved school performance, increased sociability

treating premature ejaculation, sexual dysfunction, term premature ejaculation includes congenital premature ejaculation as well as primary premature ejaculation where the male ejaculates extremely rapidly, e.g., prior to penetration with coitus or within ten to twenty strokes after intromission, so as to adversely affect the sexual relationship between the involved partners. The psychoanalytical definition of ejaculation, in less than one minute, also suffices for these purposes as well as the Masters and Johnson definition where the male ejaculates 50 percent of the time more rapidly than the female is able to have an orgasm if she has no orgasmic dysfunction of her own, intermittent episodic impotence, erectile insecurity, decreased nocturnal penile tumescence as well as a decreased Doppler value of 0.7, prolong onset of his ejaculations, obtaining very excellent results in that onset of his ejaculations was now 3 to 4 minutes after intromission., active coital penetration and thrusting in numerous positions,

antihistimine, anticholinergic, w/Darvon (dextropropoxyphene), alone or a combination with 1-5-hydroxytryptophan, preferably also with a peripheral decarboxylase inhibitor, is administered to hypertensive mammals to lower blood pressure, in Sidman avoidance, using squirrel monkeys, the response of the monkeys increased, pigeons trained under an adjusting ratio schedule, the drugs of this invention affect behavior in the same way as does the marketed antidepressant, desmethylinipramine (DMI), humans suffering from various psychoses, chronic undifferentiated schizophrenic patients, psychotropic agents, find use in treating disorders of sleep, sexual performance, appetite, muscular function, and pituitary function, preventing reserpine hypothermia, antagonizing or reversing hypothermia, apomorphine

hypothermia, affect the behavior of animals trained in a variety of operant behavior schedules

said substance or composition comprising N-methyl 3-(p-trifluoromethylphenoxy)-3-phenylpropylamine (fluoxetine/lovan), an isolated stereoisomer of fluoxetine/lovan, a salt of fluoxetine/lovan, or a salt of an isolated stereoisomer of fluoxetine/lovan, and said method comprising administering to a human said substance or composition.

3. A substance or composition for use in a method of treatment for treating tobacco withdrawal symptoms, reduction in subjective vigor, muscle relaxation, facilitation of alertness, smoking cessation, useful in suppressing the weight gain and recidivism that usually follows attempts to give up smoking, lethargy, subjective tiredness, loss of energy, crankiness, cigarettes did not taste as "attractive as they used to", treating disturbances of mood, disturbances of appetite or disturbances which contribute to recidivism associated with nicotine withdrawal, ameliorating disturbances of mood, disturbances of appetite or disturbances which contribute to recidivism associated with nicotine withdrawal comprising administering to a human prior to or after discontinuing tobacco use a composition, preventing a return to tobacco use by a human who has stopped using tobacco,

treating the premenstrual or late luteal phase syndrome, disturbed mood and appetite, carbohydrate-craving obesity, or the non-anorexic variants of bulimia, premenstrual tension, Premenstrual Syndrome, nervous tension, headache, and weight gain, excessive retention of salt and water, overconsume carbohydrates, particularly foods with a sweet taste, late luteal phase syndrome, tissue swelling, characteristic behavioral changes premenstrually, overcoming or reducing the symptoms of PMS, preventing disturbances of mood and/or appetite which occur prior to onset of menstruation, sleep, appetite, nutrient selection, blood pressure, mood, endocrine secretion, aggressivity and numerous other sensitivities to external stimuli, Amelioration of the mood and the carbohydrate cravings was reported (using the PMS Symptom Rating Scale),

nicotine withdrawal syndrome symptoms, physiological relief from the withdrawal symptoms, addicted to the psychoactive drug that is the dependence-producing constituent of tobacco, nicotine, heart disease, tobacco products that are smoked or chewed, also lung disease, symptoms of nicotine withdrawal, cessation of tobacco use, nicotine withdrawal syndrome, restlessness, irritability, anxiety,

drowsiness, frequent wakings from sleep, impatience, confusion, impaired concentration, carbohydrate craving and weight gain, impaired reaction time and a craving for tobacco, reduce the intensity of the craving for tobacco and other tobacco withdrawal symptoms, relieved nicotine withdrawal symptoms particularly the long term cravings for nicotine, without the hazards associated with the administration of nicotine, would be highly desirable, cessation of tobacco consumption, virtual immediate relief of tobacco product craving and other symptoms of nicotine withdrawal syndrome, treatment of individuals seeking to discontinue consumption of tobacco products that suffer from symptoms of nicotine withdrawal syndrome, symptoms of nicotine withdrawal syndrome resulting from the discontinued use of tobacco consumed in any form, including the smoking of cigarette, cigar or pipe tobacco, or the chewing of snuff or chewing tobacco, reducing carbohydrate craving, drowsiness to sleepiness, Anxiety, nausea, dizziness and headaches, eliminating the suffering experienced from the nicotine withdrawal syndrome over the course of these programs, which not only allows the programs to focus on their educational or behavioral modification goals, but also reduces the incidence of program non-completion, smoking and abrupt termination, remission from symptoms of withdrawal and a profound decrease in cravings for cigarettes, subsequent ability to control the severe urges through psychological and behavioral techniques, entirely different and experienced near total alleviation of her symptoms of anxiety, irritability, restlessness, impatience, food cravings, and thirst which had been previously intolerable, cease smoking, stopped smoking with subsequent extreme carbohydrate cravings and irritability, lack of concentration, anxiety, depression as well as some insomnia symptoms, myocardial infarctions, a better sense of control, cross addicted individual who has been able to give up heroin and other substances of abuse but remains severely addicted to nicotine, severe urges throughout her entire period of not smoking, viral gastritis, dramatic relief from her urges, anxiety, difficulty concentrating, irritability, restlessness and impatience, near total alleviation of the troublesome symptoms, stop smoking, withdrawal from nicotine, coming off of heroin, significant relief to be free now of all drugs, difficulty coping on an emotional basis, attenuate the symptoms of withdrawal, improvement in his overall sense of well being, complete abatement of urges for cigarettes as well,

assisting weight loss involving the combined administration of a rauwolfia alkaloid and at least one antidepressant, selected from the groups

consisting of aminoazoles, phenoxyphenylpropylamines, and aminopropiophenones, in a daily regimen with the optional co-administration of one or more sympathomimetic anorexic agents, active ingredients to suppress appetite, maintaining weight loss, excess body weight and obesity, appetite suppressive, increased compliance with and tolerance to a low-calorie diet will often develop, suppress appetite, concomitant administration of effective amounts of a rauwolfia alkaloid and at least one antidepressant, antihypertensive therapeutic agents in the management of elevated blood pressure, management of agitated psychotic states, such as schizophrenia, rauwolfia alkaloids are deserpidine, alperaxylon, reserpine, and rauwolfia serpentina, rate of weight loss, patient compliance to a calorically-restricted diet

sympathomimetic anorexic agents are administered in an effective amount, normally its recommended dosage, over a portion of the time during which the rauwolfia alkaloid and one or more of the specified antidepressants are being administered, sympathomimetic anorexic agents refers to compounds pharmacologically similar to amphetamine, dextroamphetamine, methamphetamine, benzphetamine, phentermine, chlorphentermine, fenfluramine, dexrofenfluramine, clortermine, mephentermine, phenmetrazine, phendimetrazine, diethylpropion, mazindol, phenylpropanolamine, ephedrine, pseudoephedrine and methylphenidate, representative sympathomimetic anorexic agent is diethylpropion, prevent possible insomnia, weight reduction, hypertensive, diabetic, weight change, neuropathic, analgesia is produced or hyperalgesia is reduced in an animal including human beings by administering 3-(p-trifluoromethylphenoxy)-N-methyl-3-phenylpropylamine either alone or with morphine sulfate, producing analgesia or reducing hyperalgesia, innocuous analgesic which could serve as a substitute for opiates in order to avoid the problems of addiction, co-administration of morphine sulfate and 3-(p-trifluoro-methylphenoxy)-N-methyl-3-phenylpropylamine produces a synergistic analgesic effect over either compound when administered alone

retention of memory, treatment of amnesia, post-training subcutaneous administration on memory retention, post-training intracerebroventricular administration memory retention, pre-training subcutaneous administration of fluoxetine on memory retention, dose-response improvement of recall score by pre-test administration of fluoxetine, improved

recall of information poorly stored in memory because of weak training, acquisition, Acquisition of T-maze active avoidance, time-dependent improvement of memory retention by post-training subcutaneous administration anti-amnesic effect, retention for passive avoidance conditioning, usually improve retention in passive avoidance as well as active avoidance paradigms, improve retention for one-trial passive avoidance,

the ability to employ lesser amounts of dextropropoxyphene than normally required to achieve the same analgesic effect desirable in order to limit physical dependence, tolerance, and respiratory depression, as well as other adverse side effects normally associated with chronic administration of dextropropoxyphene, for producing analgesia even in patients who have become tolerant to opioids, potentiating dextropropoxyphene analgesia

circadian rhythm disorders, borderline personallity disorders, personality disorders, Late Luteal Phase Dysphoric Disorder, psychoactive substance use disorders, sexual disorders, and schizophrenia and certain psychiatric symptoms including stress anger, worry, rejection sensitivity and lack of mental or physical energy, personality traits are inflexible and maladaptive and cause either significant functional impairment or subject distress that they constitute personality disorders, significant impairment in social or occupational functioning or subjective distress, borderline personality disorder (BPD) from anti-social personality disorder, antisocial personality disorder or many traits of the syndrome, instability of self-image, interpersonal relationships and mood, beginning by early adulthood and present in a variety of contexts, such as self-image, sexual orientation, long-term goals or career choice, types of friends or lovers to have, or which values to adopt, chronic feelings of emptiness or boredom, interpersonal relationships are usually unstable and intense, extremes of over-idealization and devaluation, difficulty tolerating being alone, frantic efforts to avoid real or imagined abandonment, a pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of over-idealization and devaluation, impulsiveness in at least two areas that are potentially self-damaging e.g., spending, sex, substance use, shoplifting, reckless driving, or binge eating, affective instability; marked shifts from baseline mood, usually lasting a few hours and only rarely more than a few days, inappropriate, intense anger or lack of control of anger, e.g., frequent displays of temper, constant anger or recurrent

physical fights, recurrent suicidal threats, gestures, or behavior or self-mutilating behavior, marked and persistent identity disturbance manifested by uncertainty about at least two of the following: self-image, sexual orientation, long-term goals or career choice, type of friends desired or preferred values, chronic feelings of emptiness or boredom, frantic efforts to avoid real or imagined abandonment, premenstrual Syndrome (PMS) variety of physical and emotional changes associated with specific phases of the menstrual cycle, clinically significant emotional and behavioral symptoms that occur during the last week of the luteal phase and remit within a few days after the onset of the follicular phase, marked affective lability (e.g., sudden episodes of tearfulness, sadness, or irritability); persistent feelings of irritability, anger or tension (feeling "on edge"); feelings and self-deprecating thoughts

fatigability and loss of energy, a subjective sense of difficulty in concentrating, changes in appetite, cravings for specific foods (especially carbohydrates), and sleep disturbance, other physical symptoms, such as breast tenderness or swelling, headaches, joint or muscle pain, a sensation of "bloating", and weight gain, water retention, crying spells, circadian rhythm disorders, insufficient and/or unsatisfying sleep, often associated with certain types of professional activities i.e., shift-workers and travel schedules of airline personnel and air travelers), regulation of the disorder of the circadian sleep-wake rhythm, "sleep-wake" schedule disorders, insomnia, hypersomnia, transient sleep-wake schedule mismatches, older people have more difficulty adjusting to frequent schedule changes, induces a phase-shift in the circadian rhythm, anterograde amnesia, treatment of jet lag, cope with time-zone changes or with changing work schedules, psychoactive substance abuse addiction and/or dependence, cluster of cognitive, behavioral, and physiologic symptoms that indicate that the person has impaired control of his psychoactive substance use and continues use of the substance despite adverse consequence, chronic maladaptive and self-destructive behaviors, schizophrenia, psychotic symptoms during the active phase of the illness, and functioning below the highest level previously achieved, delusions, hallucinations, or certain characteristic disturbances in affect and the form of thought, at least delusions, prominent hallucinations, incoherence or marked loosening of associations, catatonic behavior, flat or grossly inappropriate affect, bizarre delusions (such as being controlled by a dead person), or prominent hallucinations,

sexual disorders, paraphilias, sexual dysfunctions, premature ejaculation, recurrent intense sexual urges and sexually arousing fantasies generally involving either (1) nonhuman objects, (2) the suffering or humiliation of oneself or one's partner (not merely simulated), or (3) children or other nonconsenting persons, paraphilia patient has either acted on these urges or is markedly distressed, hypersexual states, stress, worry, anger, rejection sensitivity and lack of mental or physical energy, heart attacks, "strokes", ulcers and other stress related illnesses, anger, "Type A" personality, domestic violence, violence in general, rejection sensitivity, extremely upset, angry or depressed in response to what they interpret (frequently incorrectly) as rejection, abandonment, or criticism, rejection-sensitive dysphoria, low mental or physical energy, amphetamine psychosis or rebound acute drowsiness), safe and effective in facilitating psychotherapy, any form of psychotherapy must address the patients' "resistance" to change, inability to disengage from a particular worry, and look with a less rigid mindset at a larger picture, tendency to react in anger, inertia, hypochondriasis, method for enhancing psychotherapy, useful in the effective management and treatment of the specific disorders or specific symptoms

borderline personality disorder, manage agitation, psychotic, schizoid or schizotypal features, dysthymic, polysubstance dependence, cyclothymic, narcissistic, bulimia, alcohol dependence, psychosis NOS, psychogenic fugue, subsyndromal Seasonal Pattern Depression, Attention Deficit Hyperactivity Disorder (ADHD), Histrionic Personality Disorder personality disorders, pervasive pattern of excessive emotionality and attention seeking, difficulty asserting herself in a relationship, strained relationships, confident, stronger, ability to relate to people, Narcissistic Personality Disorder, grandiosity (in fantasy or behavior) hypersensitivity to the evaluation of others and lack of empathy, psychoactive substance use, reduce craving for alcohol, assist people to stop using drugs, stopping various illicit drugs including opiates, benzodiazepines, marijuana, and cocaine, cigarettes, desire to quit cigarettes decrease in craving, decrease in marijuana use, craving for marijuana during pregnancy, relapse of usage, abusing marijuana

severe incapacitating symptoms of LLPDD, general ability to function, severe premenstrual symptoms, early awakening, morning was stimulating, phase delay of their circadian rhythms, rhythms synchronized,

improvement in early morning functioning, body clock, sexual disorders, delayed orgasm, troubled by a drive to act out sexually in terms of pornography and masturbation, desire to stop; unable to do so, being able to go for weeks without sex, perform well sexually, enjoy sex, perverse sexual desires, no more deviant sexual desires, decreased libido, less desperate for an orgasm, problems with potency, used only in cases of dangerous sexual offenders (e.g. rape and child molestation), schizophrenia, anxiety, potentially devastating long term side effects of antipsychotic drugs currently available (including sometimes irreversible movement disorders, such as tardive dyskinesia and potentially fatal neuroleptic malignant syndrome) make alternatives to antipsychotic drugs a critical need, stress, subjective distress, ability to function in the face of stress, improvement in chronic gastrointestinal disorders, experienced palpitations of the heart in stress situations and noted that this stopped, arrhythmia, able to cope, take on this increased work load, anger, mad, rejection sensitivity, parenting easier and enjoyable, not bothered by occasional critical remarks, no longer living in "fear of rejection", recognized disorder defined in DSM-III-R, fear of having, or the belief that one has a serious disease based on the person's interpretation of physical signs or sensations as evidence of physical illness

preoccupation may be with bodily functions, such as heartbeat, sweating or peristalsis or with minor physical abnormalities such as a small sore or an occasional cough, be preoccupation with a specific organ or a single disease as in "cardiac neurosis," nonspecific abdominal complaints, enjoy his work, worried about her children, able to adopt a more relaxed attitude with her son,

mental or physical energy, completely exhausted at the end of her work day and unable to socialize or otherwise function effectively in the evenings, better level of energy, not depressed but has multiple sclerosis, fatigued, not depressed but had become extremely sedentary, non-depressed patient, reported that she never had energy to do any housework after each day, not depressed, but was always so exhausted by the end of the day that he could never volunteer for overtime, facilitator of psychotherapy, superficial and rambling in his session; dramatically relaxed his defensive posture and allowed an interchange, let go of his preoccupation with a particular worry and make progress in a number of areas, unable to acknowledge her motivation for

infanticide, denying, tendency to intellectualize and deny his feelings, more able to identify and express his feelings, preoccupation and worries about his health, motivation for change, suicidal or poor self-image, frequent boredom, mood was labile, difficulty sleeping, vulnerability, hypomania, global clinical rating abnormal, unstable intense relationships: impulsivity with respect to alcohol use and reckless driving; affective instability with prominent anxiety, irritability, and depression; intense anger with frequent talk of wanting to kill the objects of his anger; recurrent physical fights with his younger brother; several periods of suicidal threats; persistent identity disturbance manifested in self-image and fluctuating career goals (e.g., spy, race car driver, etc.); and chronic feelings of boredom, prominent paranoid personality traits but no psychotic symptoms, co-existent dysthymic disorder and hypochondriasis, other drivers would regularly infuriate him, brighter mood, improved school performance, increased sociability

treating premature ejaculation, sexual dysfunction, term premature ejaculation includes congenital premature ejaculation as well as primary premature ejaculation where the male ejaculates extremely rapidly, e.g., prior to penetration with coitus or within ten to twenty strokes after intromission, so as to adversely affect the sexual relationship between the involved partners. The psychoanalytical definition of ejaculation, in less than one minute, also suffices for these purposes as well as the Masters and Johnson definition where the male ejaculates 50 percent of the time more rapidly than the female is able to have an orgasm if she has no orgasmic dysfunction of her own, intermittent episodic impotence, erectile insecurity, decreased nocturnal penile tumescence as well as a decreased Doppler value of 0.7, prolong onset of his ejaculations, obtaining very excellent results in that onset of his ejaculations was now 3 to 4 minutes after intromission, active coital penetration and thrusting in numerous positions,

antihistamine, anticholinergic, w/Darvon (dextropropoxyphene), alone or a combination with 1-5-hydroxytryptophan, preferably also with a peripheral decarboxylase inhibitor, is administered to hypertensive mammals to lower blood pressure, in Sidman avoidance, using squirrel monkeys, the response of the monkeys increased, pigeons trained under an adjusting ratio schedule, the drugs of this invention affect behavior in the same way as does the marketed antidepressant, desmethylinipramine (DMI), humans suffering from various psychoses, chronic undifferentiated schizophrenic patients, psychotropic

agents, find use in treating disorders of sleep, sexual performance, appetite, muscular function, and pituitary function, preventing reserpine hypothermia, antagonizing or reversing hypothermia, apomorphine hypothermia, affect the behavior of animals trained in a variety of operant behavior schedules

said substance or composition comprising (8)-N-cyclohexyl-6-1-(1-methylethyl)ergoline-8-carboxamide (amersergide), an isolated stereoisomer of amersergide, a salt of amersergide or a salt of an isolated stereoisomer of amersergide, and said method comprising administering to a human said substance or composition.

4. A substance or composition for use in a method of treatment for treating tobacco withdrawal symptoms, reduction in subjective vigor, muscle relaxation, facilitation of alertness, smoking cessation, useful in suppressing the weight gain and recidivism that usually follows attempts to give up smoking, lethargy, subjective tiredness, loss of energy, crankiness, cigarettes did not taste as "attractive as they used to", treating disturbances of mood, disturbances of appetite or disturbances which contribute to recidivism associated with nicotine withdrawal, ameliorating disturbances of mood, disturbances of appetite or disturbances which contribute to recidivism associated with nicotine withdrawal comprising administering to a human prior to or after discontinuing tobacco use a composition, preventing a return to tobacco use by a human who has stopped using tobacco,

treating the premenstrual or late luteal phase syndrome, disturbed mood and appetite, carbohydrate-craving obesity, or the non-anorexic variants of bulimia, premenstrual tension, Premenstrual Syndrome, nervous tension, headache, and weight gain, excessive retention of salt and water, overconsume carbohydrates, particularly foods with a sweet taste, late luteal phase syndrome, tissue swelling, characteristic behavioral changes premenstrually, overcoming or reducing the symptoms of PMS, preventing disturbances of mood and/or appetite which occur prior to onset of menstruation, sleep, appetite, nutrient selection, blood pressure, mood, endocrine secretion, aggressivity and numerous other sensitivities to external stimuli, Amelioration of the mood and the carbohydrate cravings was reported (using the PMS Symptom Rating Scale),

nicotine withdrawal syndrome symptoms, physiological relief from the withdrawal symptoms, addicted to the psychoactive drug that is the dependence-producing constituent of tobacco, nicotine, heart disease,

tobacco products that are smoked or chewed, also lung disease, symptoms of nicotine withdrawal, cessation of tobacco use, nicotine withdrawal syndrome, restlessness, irritability, anxiety, drowsiness, frequent wakings from sleep, impatience, confusion, impaired concentration, carbohydrate craving and weight gain, impaired reaction time and a craving for tobacco, reduce the intensity of the craving for tobacco and other tobacco withdrawal symptoms, relieved nicotine withdrawal symptoms particularly the long term cravings for nicotine, without the hazards associated with the administration of nicotine, would be highly desirable, cessation of tobacco consumption, virtual immediate relief of tobacco product craving and other symptoms of nicotine withdrawal syndrome, treatment of individuals seeking to discontinue consumption of tobacco products that suffer from symptoms of nicotine withdrawal syndrome, symptoms of nicotine withdrawal syndrome resulting from the discontinued use of tobacco consumed in any form, including the smoking of cigarette, cigar or pipe tobacco, or the chewing of snuff or chewing tobacco, reducing carbohydrate craving, drowsiness to sleepiness, Anxiety, nausea, dizziness and headaches, eliminating the suffering experienced from the nicotine withdrawal syndrome over the course of these programs, which not only allows the programs to focus on their educational or behavioral modification goals, but also reduces the incidence of program non-completion, smoking and abrupt termination, remission from symptoms of withdrawal and a profound decrease in cravings for cigarettes, subsequent ability to control the severe urges through psychological and behavioral techniques, entirely different and experienced near total alleviation of her symptoms of anxiety, irritability, restlessness, impatience, food cravings, and thirst which had been previously intolerable, cease smoking, stopped smoking with subsequent extreme carbohydrate cravings and irritability, lack of concentration, anxiety, depression as well as some insomnia symptoms, myocardial infarctions, a better sense of control, cross addicted individual who has been able to give up heroin and other substances of abuse but remains severely addicted to nicotine, severe urges throughout her entire period of not smoking, viral gastritis, dramatic relief from her urges, anxiety, difficulty concentrating, irritability, restlessness and impatience, near total alleviation of the troublesome symptoms, stop smoking, withdrawal from nicotine, coming off of heroin, significant relief to be free now of all drugs, difficulty coping on an emotional basis, attenuate the symptoms of withdrawal, improvement in his overall sense of well being, complete abatement of urges for cigarettes as well,

assisting weight loss involving the combined administration of a rauwolfia alkaloid and at least one antidepressant, selected from the groups consisting of aminoazoles, phenoxyphenylpropylamines, and aminopropiophenones, in a daily regimen with the optional co-administration of one or more sympathomimetic anorexic agents, active ingredients to suppress appetite, maintaining weight loss, excess body weight and obesity, appetite suppressive, increased compliance with and tolerance to a low-calorie diet will often develop, suppress appetite, concomitant administration of effective amounts of a rauwolfia alkaloid and at least one antidepressant, antihypertensive therapeutic agents in the management of elevated blood pressure, management of agitated psychotic states, such as schizophrenia, rauwolfia alkaloids are deserpidine, alperaxylon, reserpine, and rauwolfia serpentina, rate of weight loss, patient compliance to a calorically-restricted diet

sympathomimetic anorexic agents are administered in an effective amount, normally its recommended dosage, over a portion of the time during which the rauwolfia alkaloid and one or more of the specified antidepressants are being administered, sympathomimetic anorexic agents refers to compounds pharmacologically similar to amphetamine, dextroamphetamine, methamphetamine, benzphetamine, phentermine, chlorphentermine, fenfluramine, dexrofenfluramine, clortermine, mephentermine, phenmetrazine, phendimetrazine, diethylpropion, mazindol, phenylpropanolamine, ephedrine, pseudoephedrine and methylphenidate, representative sympathomimetic anorexic agent is diethylpropion, prevent possible insomnia, weight reduction, hypertensive, diabetic, weight change, neuropathic, analgesia is produced or hyperalgesia is reduced in an animal including human beings by administering 3-(p-trifluoromethylphenoxy)-N-methyl-3-phenylpropylamine either alone or with morphine sulfate, producing analgesia or reducing hyperalgesia, innocuous analgesic which could serve as a substitute for opiates in order to avoid the problems of addiction, co-administration of morphine sulfate and 3-(p-trifluoro-methylphenoxy)-N-methyl-3-phenylpropylamine produces a synergistic analgesic effect over either compound when administered alone

retention of memory, treatment of amnesia, post-training subcutaneous administration on memory retention, post-training intracerebroventricular

administration memory retention, pre-training subcutaneous administration of fluoxetine on memory retention, dose-response improvement of recall score by pre-test administration of fluoxetine, improved recall of information poorly stored in memory because of weak training, acquisition, Acquisition of T-maze active avoidance, time-dependent improvement of memory retention by post-training subcutaneous administration anti-amnestic effect, retention for passive avoidance conditioning, usually improve retention in passive avoidance as well as active avoidance paradigms, improve retention for one-trial passive avoidance,

the ability to employ lesser amounts of dextropropoxyphene than normally required to achieve the same analgesic effect desirable in order to limit physical dependence, tolerance, and respiratory depression, as well as other adverse side effects normally associated with chronic administration of dextropropoxyphene, for producing analgesia even in patients who have become tolerant to opioids, potentiating dextropropoxyphene analgesia

circadian rhythm disorders, borderline personality disorders, personality disorders, Late Luteal Phase Dysphoric Disorder, psychoactive substance use disorders, sexual disorders, and schizophrenia and certain psychiatric symptoms including stress anger, worry, rejection sensitivity and lack of mental or physical energy, personality traits are inflexible and maladaptive and cause either significant functional impairment or subject distress that they constitute personality disorders, significant impairment in social or occupational functioning or subjective distress, borderline personality disorder (BPD) from anti-social personality disorder, antisocial personality disorder or many traits of the syndrome, instability of self-image, interpersonal relationships and mood, beginning by early adulthood and present in a variety of contexts, such as self-image, sexual orientation, long-term goals or career choice, types of friends or lovers to have, or which values to adopt, chronic feelings of emptiness or boredom, interpersonal relationships are usually unstable and intense, extremes of over-idealization and devaluation, difficulty tolerating being alone, frantic efforts to avoid real or imagined abandonment, a pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of over-idealization and devaluation, impulsiveness in at least two areas that are potentially self-damaging e.g., spending, sex,, substance use, shoplifting, reckless driving, or binge eating, affective instability; marked shifts from

baseline mood, usually lasting a few hours and only rarely more than a few days, inappropriate, intense anger or lack of control of anger, e.g., frequent displays of temper, constant anger or recurrent physical fights, recurrent suicidal threats, gestures, or behavior or self-mutilating behavior, marked and persistent identity disturbance manifested by uncertainty about at least two of the following: self-image, sexual orientation, long-term goals or career choice, type of friends desired or preferred values, chronic feelings of emptiness or boredom, frantic efforts to avoid real or imagined abandonment, premenstrual Syndrome (PMS) variety of physical and emotional changes associated with specific phases of the menstrual cycle, clinically significant emotional and behavioral symptoms that occur during the last week of the luteal phase and remit within a few days after the onset of the follicular phase, marked affective lability (e.g., sudden episodes of tearfulness, sadness, or irritability); persistent feelings of irritability, anger or tension (feeling "on edge"); feelings and self-deprecating thoughts

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loosening of associations, catatonic behavior, flat or grossly inappropriate affect, bizarre delusions (such as being controlled by a dead person), or prominent hallucinations,

sexual disorders, paraphilias, sexual dysfunctions, premature ejaculation, recurrent intense sexual urges and sexually arousing fantasies generally involving either (1) nonhuman objects, (2) the suffering or humiliation of oneself or one's partner (not merely simulated), or (3) children or other nonconsenting persons, paraphilia patient has either acted on these urges or is markedly distressed, hypersexual states, stress, worry, anger, rejection sensitivity and lack of mental or physical energy, heart attacks, "strokes", ulcers and other stress related illnesses, anger, "Type A" personality, domestic violence, violence in general, rejection sensitivity, extremely upset, angry or depressed in response to what they interpret (frequently incorrectly) as rejection, abandonment, or criticism, rejection-sensitive dysphoria, low mental or physical energy, amphetamine psychosis or rebound acute drowsiness), safe and effective in facilitating psychotherapy, any form of psychotherapy must address the patients "resistance" to change, inability to disengage from a particular worry, and look with a less rigid mindset at a larger picture, tendency to react in anger, inertia, hypochondriasis, method for enhancing psychotherapy, useful in the effective management and treatment of the specific disorders or specific symptoms

borderline personality disorder, manage agitation, psychotic, schizoid or schizotypal features, dysthymic, polysubstance dependence, cyclothymic, narcissistic, bulimia, alcohol dependence, psychosis NOS, psychogenic fugue, subsyndromal Seasonal Pattern Depression, Attention Deficit Hyperactivity Disorder (ADHD), Histrionic Personality Disorder personality disorders, pervasive pattern of excessive emotionality and attention seeking, difficulty asserting herself in a relationship, strained relationships, confident, stronger, ability to relate to people, Narcissistic Personality Disorder, grandiosity (in fantasy or behavior) hypersensitivity to the evaluation of others and lack of empathy, psychoactive substance use, reduce craving for alcohol, assist people to stop using drugs, stopping various illicit drugs including opiates, benzodiazepines, marijuana, and cocaine, cigarettes, desire to quit cigarettes decrease in craving, decrease in marijuana use, craving for marijuana during pregnancy, relapse of usage, abusing marijuana

severe incapacitating symptoms of LLPDD, general ability to function, severe premenstrual symptoms, early awakening, morning was stimulating, phase delay of their circadian rhythms, rhythms synchronized, improvement in early morning functioning, body clock, sexual disorders, delayed orgasm, troubled by a drive to act out sexually in terms of pornography and masturbation, desire to stop; unable to do so, being able to go for weeks without sex, perform well sexually, enjoy sex, perverse sexual desires, no more deviant sexual desires, decreased libido, less desperate for an orgasm, problems with potency, used only in cases of dangerous sexual offenders (e.g. rape and child molestation), schizophrenia, anxiety, potentially devastating long term side effects of antipsychotic drugs currently available (including sometimes irreversible movement disorders, such as tardive dyskinesia and potentially fatal neuroleptic malignant syndrome) make alternatives to antipsychotic drugs a critical need, stress, subjective distress, ability to function in the face of stress, improvement in chronic gastrointestinal disorders, experienced palpitations of the heart in stress situations and noted that this stopped, arrhythmia, able to cope, take on this increased work load, anger, mad, rejection sensitivity, parenting easier and enjoyable, not bothered by occasional critical remarks, no longer living in "fear of rejection", recognized disorder defined in DSM-III-R, fear of having, or the belief that one has a serious disease based on the person's interpretation of physical signs or sensations as evidence of physical illness

preoccupation may be with bodily functions, such as heartbeat, sweating or peristalsis or with minor physical abnormalities such as a small sore or an occasional cough, be preoccupation with a specific organ or a single disease as in "cardiac neurosis," nonspecific abdominal complaints, enjoy his work, worried about her children, able to adopt a more relaxed attitude with her son,

mental or physical energy, completely exhausted at the end of her work day and unable to socialize or otherwise function effectively in the evenings, better level of energy, not depressed but has multiple sclerosis, fatigued, not depressed but had become extremely sedentary, non-depressed patient, reported that she never had energy to do any housework after each day, not depressed, but was always so exhausted by the end of the day that he could never volunteer for overtime, facilitator of psychotherapy, superficial and rambling in his session; dramatically

relaxed his defensive posture and allowed an interchange, let go of his preoccupation with a particular worry and make progress in a number of areas, unable to acknowledge her motivation for infanticide, denying, tendency to intellectualize and deny his feelings, more able to identify and express his feelings, preoccupation and worries about his health, motivation for change, suicidal or poor self-image, frequent boredom, mood was labile, difficulty sleeping, vulnerability, hypomania, global clinical rating abnormal, unstable intense relationships: impulsivity with respect to alcohol use and reckless driving; affective instability with prominent anxiety, irritability, and depression; intense anger with frequent talk of wanting to kill the objects of his anger; recurrent physical fights with his younger brother; several periods of suicidal threats; persistent identity disturbance manifested in self-image and fluctuating career goals (e.g., spy, race car driver, etc.); and chronic feelings of boredom, prominent paranoid personality traits but no psychotic symptoms, co-existent dysthymic disorder and hypochondriasis, other drivers would regularly infuriate him, brighter mood, improved school performance, increased sociability

treating premature ejaculation, sexual dysfunction, term premature ejaculation includes congenital premature ejaculation as well as primary premature ejaculation where the male ejaculates extremely rapidly, e.g., prior to penetration with coitus or within ten to twenty strokes after intromission, so as to adversely affect the sexual relationship between the involved partners. The psychoanalytical definition of ejaculation, in less than one minute, also suffices for these purposes as well as the Masters and Johnson definition where the male ejaculates 50 percent of the time more rapidly than the female is able to have an orgasm if she has no orgasmic dysfunction of her own, intermittent episodic impotence, erectile insecurity, decreased nocturnal penile tumescence as well as a decreased Doppler value of 0.7, prolong onset of his ejaculations, obtaining very excellent results in that onset of his ejaculations was now 3 to 4 minutes after intromission, active coital penetration and thrusting in numerous positions,

antihistamine, anticholinergic, w/Darvon (dextropropoxyphene), alone or a combination with 1-5-hydroxytryptophan, preferably also with a peripheral decarboxylase inhibitor, is administered to hypertensive mammals to lower blood pressure, in Sidman avoidance, using squirrel monkeys, the response of the monkeys increased, pigeons trained under an adjusting ratio schedule, the drugs of this invention

affect behavior in the same way as does the marketed antidepressant, desmethylinipramine (DMI), humans suffering from various psychoses, chronic undifferentiated schizophrenic patients, psychotropic agents, find use in treating disorders of sleep, sexual performance, appetite, muscular function, and pituitary function, preventing reserpine hypothermia, antagonizing or reversing hypothermia, apomorphine hypothermia, affect the behavior of animals trained in a variety of operant behavior schedules,

said substance or composition comprising 4-(dipropylamino)-1,3,4,5-tetrahydrobenz[cd]indole-6-carbamide (228729), an isolated stereoisomer of 228729, a salt of 228729 or a salt of an isolated stereoisomer of 228729, and said method comprising administering to a human said substance or composition.

5. A substance or composition for use in a method of treatment for treating tobacco withdrawal symptoms, reduction in subjective vigor, muscle relaxation, facilitation of alertness, smoking cessation, useful in suppressing the weight gain and recidivism that usually follows attempts to give up smoking, lethargy, subjective tiredness, loss of energy, crankiness, cigarettes did not taste as "attractive as they used to", treating disturbances of mood, disturbances of appetite or disturbances which contribute to recidivism associated with nicotine withdrawal, ameliorating disturbances of mood, disturbances of appetite or disturbances which contribute to recidivism associated with nicotine withdrawal comprising administering to a human prior to or after discontinuing tobacco use a composition, preventing a return to tobacco use by a human who has stopped using tobacco,

treating the premenstrual or late luteal phase syndrome, disturbed mood and appetite, carbohydrate-craving obesity, or the non-anorexic variants of bulimia, premenstrual tension, Premenstrual Syndrome, nervous tension, headache, and weight gain, excessive retention of salt and water, overconsume carbohydrates, particularly foods with a sweet taste, late luteal phase syndrome, tissue swelling, characteristic behavioral changes premenstrually, overcoming or reducing the symptoms of PMS, preventing disturbances of mood and/or appetite which occur prior to onset of menstruation, sleep, appetite, nutrient selection, blood pressure, mood, endocrine secretion, aggressivity and numerous other sensitivities to external stimuli, Amelioration of the mood and the carbohydrate cravings was reported (using the PMS Symptom Rating Scale),

nicotine withdrawal syndrome symptoms, physiological relief from the withdrawal symptoms, addicted to the psychoactive drug that is the dependence-producing constituent of tobacco, nicotine, heart disease, tobacco products that are smoked or chewed, also lung disease, symptoms of nicotine withdrawal, cessation of tobacco use, nicotine withdrawal syndrome, restlessness, irritability, anxiety, drowsiness, frequent wakings from sleep, impatience, confusion, impaired concentration, carbohydrate craving and weight gain, impaired reaction time and a craving for tobacco, reduce the intensity of the craving for tobacco and other tobacco withdrawal symptoms, relieved nicotine withdrawal symptoms particularly the long term cravings for nicotine, without the hazards associated with the administration of nicotine, would be highly desirable, cessation of tobacco consumption, virtual immediate relief of tobacco product craving and other symptoms of nicotine withdrawal syndrome, treatment of individuals seeking to discontinue consumption of tobacco products that suffer from symptoms of nicotine withdrawal syndrome, symptoms of nicotine withdrawal syndrome resulting from the discontinued use of tobacco consumed in any form, including the smoking of cigarette, cigar or pipe tobacco, or the chewing of snuff or chewing tobacco, reducing carbohydrate craving, drowsiness to sleepiness, Anxiety, nausea, dizziness and headaches, eliminating the suffering experienced from the nicotine withdrawal syndrome over the course of these programs; which not only allows the programs to focus on their educational or behavioral modification goals, but also reduces the incidence of program non-completion, smoking and abrupt termination, remission from symptoms of withdrawal and a profound decrease in cravings for cigarettes, subsequent ability to control the severe urges through psychological and behavioral techniques, entirely different and experienced near total alleviation of her symptoms of anxiety, irritability, restlessness, impatience, food cravings, and thirst which had been previously intolerable, cease smoking, stopped smoking with subsequent extreme carbohydrate cravings and irritability, lack of concentration, anxiety, depression as well as some insomnia symptoms, myocardial infarctions, a better sense of control, cross addicted individual who has been able to give up heroin and other substances of abuse but remains severely addicted to nicotine, severe urges throughout her entire period of not smoking, viral gastritis, dramatic relief from her urges, anxiety, difficulty concentrating, irritability, restlessness and impatience, near total alleviation of the troublesome symptoms, stop smoking, withdrawal from nicotine, coming off of heroin, significant relief to be free now of all drugs,

difficulty coping on an emotional basis, attenuate the symptoms of withdrawal, improvement in his overall sense of well being, complete abatement of urges for cigarettes as well,

assisting weight loss involving the combined administration of a rauwolfia alkaloid and at least one antidepressant, selected from the groups consisting of aminoazoles, phenoxyphenylpropylamines, and aminopropiophenones, in a daily regimen with the optional co-administration of one or more sympathomimetic anorexic agents, active ingredients to suppress appetite, maintaining weight loss, excess body weight and obesity, appetite suppressive, increased compliance with and tolerance to a low-calorie diet will often develop, suppress appetite, concomitant administration of effective amounts of a rauwolfia alkaloid and at least one antidepressant, antihypertensive therapeutic agents in the management of elevated blood pressure, management of agitated psychotic states, such as schizophrenia, rauwolfia alkaloids are deserpidine, alperaxylon, reserpine, and rauwolfia serpentina, rate of weight loss, patient compliance to a calorically-restricted diet

sympathomimetic anorexic agents are administered in an effective amount, normally its recommended dosage, over a portion of the time during which the rauwolfia alkaloid and one or more of the specified antidepressants are being administered, sympathomimetic anorexic agents refers to compounds pharmacologically similar to amphetamine, dextroamphetamine, methamphetamine, benzphetamine, phentermine, chlorphentermine, fenfluramine, dexrofenfluramine, clortermine, mephentermine, phenmetrazine, phendimetrazine, diethylpropion, mazindol, phenylpropanolamine, ephedrine, pseudoephedrine and methylphenidate, representative sympathomimetic anorexic agent is diethylpropion, prevent possible insomnia, weight reduction, hypertensive, diabetic, weight change, neuropathic, analgesia is produced or hyperalgesia is reduced in an animal including human beings by administering 3-(p-trifluoromethylphenoxy)-N-methyl-3-phenylpropylamine either alone or with morphine sulfate, producing analgesia or reducing hyperalgesia, innocuous analgesic which could serve as a substitute for opiates in order to avoid the problems of addiction, co-administration of morphine sulfate and 3-(p-trifluoromethylphenoxy)-N-methyl-3-phenylpropylamine produces a synergistic analgesic effect over either compound when administered alone

retention of memory, treatment of amnesia, post-training subcutaneous administration on memory retention, post-training intracerebroventricular administration memory retention, pre-training subcutaneous administration of fluoxetine on memory retention, dose-response improvement of recall score by pre-test administration of fluoxetine, improved recall of information poorly stored in memory because of weak training, acquisition, Acquisition of T-maze active avoidance, time-dependent improvement of memory retention by post-training subcutaneous administration anti-amnesic effect, retention for passive avoidance conditioning, usually improve retention in passive avoidance as well as active avoidance paradigms, improve retention for one-trial passive avoidance,

the ability to employ lesser amounts of dextropropoxyphene than normally required to achieve the same analgesic effect desirable in order to limit physical dependence, tolerance, and respiratory depression, as well as other adverse side effects normally associated with chronic administration of dextropropoxyphene, for producing analgesia even in patients who have become tolerant to opioids, potentiating dextropropoxyphene analgesia

circadian rhythm disorders, borderline personallity disorders, personality disorders, Late Luteal Phase Dysphoric Disorder, psychoactive substance use disorders, sexual disorders, and schizophrenia and certain psychiatric symptoms including stress anger, worry, rejection sensitivity and lack of mantal or physical energy, personality traits are inflexible and maladaptive and cause either significant functional impairment or subject distress that they constitute personality disorders, significant impairment in social or occupational functioning or subjective distress, borderline personality disorder (BPD) from anti-social personality disorder, antisocial personality disorder or many traits of the syndrome, instability of self-image, interpersonal relationships and mood, beginning by early adulthood and present in a variety of contexts, such as self-image, sexual orientation, long-term goals or career choice, types of friends or lovers to have, or which values to adopt, chronic feelings of emptiness or boredom, interpersonal relationships are usually unstable and intense, extremes of over-idealization and devaluation, difficulty tolerating being alone, frantic efforts to avoid real or imagined abandonment, a pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of over-idealization and devaluation, impulsiveness in at least two areas that are

potentially self-damaging e.g., spending, sex,, substance use, shoplifting, reckless driving, or binge eating, affective instability; marked shifts from baseline mood, usually lasting a few hours and only rarely more than a few days, inappropriate, intense anger or lack of control of anger, e.g., frequent displays of temper, constant anger or recurrent physical fights, recurrent suicidal threats, gestures, or behavior or self-mutilating behavior, marked and persistent identity disturbance manifested by uncertainty about at least two of the following: self-image, sexual orientation, long-term goals or career choice, type of friends desired or preferred values, chronic feelings of emptiness or boredom, frantic efforts to avoid real or imagined abandonment, premenstrual Syndrome (PMS), variety of physical and emotional changes associated with specific phases of the menstrual cycle, clinically significant emotional and behavioral symptoms that occur during the last week of the luteal phase and remit within a few days after the onset of the follicular phase, marked affective lability (e.g., sudden episodes of tearfulness, sadness, or irritability); persistent feelings of irritability, anger or tension (feeling "on edge"); feelings and self-deprecating thoughts,

fatigability and loss of energy, a subjective sense of difficulty in concentrating, changes in appetite, cravings for specific foods (especially carbohydrates), and sleep disturbance, other physical symptoms, such as breast tenderness or swelling, headaches, joint or muscle pain, a sensation of "bloating", and weight gain, water retention, crying spells, circadian rhythm disorders, insufficient and/or unsatisfying sleep, often associated with certain types of professional activities i.e., shift-workers and travel schedules of airline personnel and air travelers), regulation of the disorder of the circadian sleep-wake rhythm, "sleep-wake" schedule disorders, insomnia, hypersomnia, transient sleep-wake schedule mismatches, older people have more difficulty adjusting to frequent schedule changes, induces a phase-shift in the circadian rhythm, anterograde amnesia, treatment of jet lag, cope with time-zone changes or with changing work schedules, psychoactive substance abuse addiction and/or dependence, cluster of cognitive, behavioral, and physiologic symptoms that indicate that the person has impaired control of his psychoactive substance use and continues use of the substance despite adverse consequence, chronic maladaptive and self-destructive behaviors, schizophrenia, psychotic symptoms during the active phase of the illness, and functioning below the highest level previously achieved, delusions,

hallucinations, or certain characteristic disturbances in affect and the form of thought, at least delusions, prominent hallucinations, incoherence or marked loosening of associations, catatonic behavior, flat or grossly inappropriate affect, bizarre delusions (such as being controlled by a dead person), or prominent hallucinations,

sexual disorders, paraphilias, sexual dysfunctions, premature ejaculation, recurrent intense sexual urges and sexually arousing fantasies generally involving either (1) nonhuman objects, (2) the suffering or humiliation of oneself or one's partner (not merely simulated), or (3) children or other nonconsenting persons, paraphilia patient has either acted on these urges or is markedly distressed, hypersexual states, stress, worry, anger, rejection sensitivity and lack of mental or physical energy, heart attacks, "strokes", ulcers and other stress related illnesses, anger, "Type A" personality, domestic violence, violence in general, rejection sensitivity, extremely upset, angry or depressed in response to what they interpret (frequently incorrectly) as rejection, abandonment, or criticism, rejection-sensitive dysphoria, low mental or physical energy, amphetamine psychosis or rebound acute drowsiness), safe and effective in facilitating psychotherapy, any form of psychotherapy must address the patients "resistance" to change, inability to disengage from a particular worry, and look with a less rigid mindset at a larger picture, tendency to react in anger, inertia, hypochondriasis, method for enhancing psychotherapy, useful in the effective management and treatment of the specific disorders or specific symptoms

borderline personality disorder, manage agitation, psychotic, schizoid or schizotypal features, dysthymic, polysubstance dependence, cyclothymic, narcissistic, bulimia, alcohol dependence, psychosis NOS, psychogenic fugue, subsyndromal Seasonal Pattern Depression, Attention Deficit Hyperactivity Disorder (ADHD), Histrionic Personality Disorder personality disorders, pervasive pattern of excessive emotionality and attention seeking, difficulty asserting herself in a relationship, strained relationships, confident, stronger, ability to relate to people, Narcissistic Personality Disorder, grandiosity (in fantasy or behavior) hypersensitivity to the evaluation of others and lack of empathy, psychoactive substance use, reduce craving for alcohol, assist people to stop using drugs, stopping various illicit drugs including opiates, benzodiazepines, marijuana, and cocaine, cigarettes, desire to quit cigarettes decrease in craving, decrease in marijuana use, craving for

marijuana during pregnancy, relapse of usage, abusing marijuana

severe incapacitating symptoms of LLPDD, general ability to function, severe premenstrual symptoms, early awakening, morning was stimulating, phase delay of their circadian rhythms, rhythms synchronized, improvement in early morning functioning, body clock, sexual disorders, delayed orgasm, troubled by a drive to act out sexually in terms of pornography and masturbation, desire to stop; unable to do so, being able to go for weeks without sex, perform well sexually, enjoy sex, perverse sexual desires, no more deviant sexual desires, decreased libido, less desperate for an orgasm, problems with potency, used only in cases of dangerous sexual offenders (e.g. rape and child molestation), schizophrenia, anxiety, potentially devastating long term side effects of antipsychotic drugs currently available (including sometimes irreversible movement disorders, such as tardive dyskinesia and potentially fatal neuroleptic malignant syndrome) make alternatives to antipsychotic drugs a critical need, stress, subjective distress, ability to function in the face of stress, improvement in chronic gastrointestinal disorders, experienced palpitations of the heart in stress situations and noted that this stopped, arrhythmia, able to cope, take on this increased work load, anger, mad, rejection sensitivity, parenting easier and enjoyable, not bothered by occasional critical remarks, no longer living in "fear of rejection", recognized disorder defined in DSM-III-R, fear of having, or the belief that one has a serious disease based on the person's interpretation of physical signs or sensations as evidence of physical illness

preoccupation may be with bodily functions, such as heartbeat, sweating or peristalsis or with minor physical abnormalities such as a small sore or an occasional cough, be preoccupation with a specific organ or a single disease as in "cardiac neurosis," nonspecific abdominal complaints, enjoy his work, worried about her children, able to adopt a more relaxed attitude with her son,

mental or physical energy, completely exhausted at the end of her work day and unable to socialize or otherwise function effectively in the evenings, better level of energy, not depressed but has multiple sclerosis, fatigued, not depressed but had become extremely sedentary, non-depressed patient, reported that she never had energy to do any housework after each day, not depressed, but was always so exhausted

by the end of the day that he could never volunteer for overtime, facilitator of psychotherapy, superficial and rambling in his session; dramatically relaxed his defensive posture and allowed an interchange, let go of his preoccupation with a particular worry and make progress in a number of areas, unable to acknowledge her motivation for infanticide, denying, tendency to intellectualize and deny his feelings, more able to identify and express his feelings, preoccupation and worries about his health, motivation for change, suicidal or poor self-image, frequent boredom, mood was labile, difficulty sleeping, vulnerability, hypomania, global clinical rating abnormal, unstable intense relationships: impulsivity with respect to alcohol use and reckless driving; affective instability with prominent anxiety, irritability, and depression; intense anger with frequent talk of wanting to kill the objects of his anger; recurrent physical fights with his younger brother; several periods of suicidal threats; persistent identity disturbance manifested in self-image and fluctuating career goals (e.g., spy, race car driver, etc.); and chronic feelings of boredom, prominent paranoid personality traits but no psychotic symptoms, co-existent dysthymic disorder and hypochondriasis, other drivers would regularly infuriate him, brighter mood, improved school performance, increased sociability

treating premature ejaculation, sexual dysfunction, term premature ejaculation includes congenital premature ejaculation as well as primary premature ejaculation where the male ejaculates extremely rapidly, e.g., prior to penetration with coitus or within ten to twenty strokes after intromission, so as to adversely affect the sexual relationship between the involved partners. The psychoanalytical definition of ejaculation, in less than one minute, also suffices for these purposes as well as the Masters and Johnson definition where the male ejaculates 50 percent of the time more rapidly than the female is able to have an orgasm if she has no orgasmic dysfunction of her own, intermittent episodic impotence, erectile insecurity, decreased nocturnal penile tumescence as well as a decreased Doppler value of 0.7, prolong onset of his ejaculations, obtaining very excellent results in that onset of his ejaculations was now 3 to 4 minutes after intromission, active coital penetration and thrusting in numerous positions,

antihistamine, anticholinergic, w/Darvon (dextropropoxyphene), alone or a combination with 1-5-hydroxytryptophan, preferably also with a peripheral decarboxylase inhibitor, is administered to

hypertensive mammals to lower blood-pressure, in Sidman avoidance, using squirrel monkeys, the response of the monkeys increased, pigeons trained under an adjusting ratio schedule, the drugs of this invention affect behavior in the same way as does the marketed antidepressant, desmethylinipramine (DMI), humans suffering from various psychoses, chronic undifferentiated schizophrenic patients, psychotropic agents, find use in treating disorders of sleep, sexual performance, appetite, muscular function, and pituitary function, preventing reserpine hypothermia, antagonizing or reversing hypothermia, apomorphine hypothermia, affect the behavior of animals trained in a variety of operant behavior schedules,

said substance or composition comprising N-methyl-3-(1-naphthalenyloxy)-2-thiophenepropanamine (Duloxetine), an isolated stereoisomer of duloxetine, a salt of duloxetine or a salt of an isolated stereoisomer of duloxetine, and said method comprising administering to a human said substance or composition.

6. A substance or composition for use in a method of treatment for treating tobacco withdrawal symptoms, reduction in subjective vigor, muscle relaxation, facilitation of alertness, smoking cessation, useful in suppressing the weight gain and recidivism that usually follows attempts to give up smoking, lethargy, subjective tiredness, loss of energy, crankiness, cigarettes did not taste as "attractive as they used to", treating disturbances of mood, disturbances of appetite or disturbances which contribute to recidivism associated with nicotine withdrawal, ameliorating disturbances of mood, disturbances of appetite or disturbances which contribute to recidivism associated with nicotine withdrawal comprising administering to a human prior to or after discontinuing tobacco use a composition, preventing a return to tobacco use by a human who has stopped using tobacco,

treating the premenstrual or late luteal phase syndrome, disturbed mood and appetite, carbohydrate-craving obesity, or the non-anorexic variants of bulimia, premenstrual tension, Premenstrual Syndrome, nervous tension, headache, and weight gain, excessive retention of salt and water, overconsume carbohydrates, particularly foods with a sweet taste, late luteal phase syndrome, tissue swelling, characteristic behavioral changes premenstrually, overcoming or reducing the symptoms of PMS, preventing disturbances of mood and/or appetite which occur prior to onset of menstruation, sleep, appetite, nutrient selection, blood pressure, mood, endocrine secretion, aggressivity and numerous other sensitivities to external stimuli, Amelioration of the mood and the

carbohydrate cravings was reported (using the PMS Symptom Rating Scale),

nicotine withdrawal syndrome symptoms, physiological relief from the withdrawal symptoms, addicted to the psychoactive drug that is the dependence-producing constituent of tobacco, nicotine, heart disease, tobacco products that are smoked or chewed, also lung disease, symptoms of nicotine withdrawal, cessation of tobacco use, nicotine withdrawal syndrome, restlessness, irritability, anxiety, drowsiness, frequent wakings from sleep, impatience, confusion, impaired concentration, carbohydrate craving and weight gain, impaired reaction time and a craving for tobacco, reduce the intensity of the craving for tobacco and other tobacco withdrawal symptoms, relieved nicotine withdrawal symptoms particularly the long term cravings for nicotine, without the hazards associated with the administration of nicotine, would be highly desirable, cessation of tobacco consumption, virtual immediate relief of tobacco product craving and other symptoms of nicotine withdrawal syndrome, treatment of individuals seeking to discontinue consumption of tobacco products that suffer from symptoms of nicotine withdrawal syndrome, symptoms of nicotine withdrawal syndrome resulting from the discontinued use of tobacco consumed in any form, including the smoking of cigarette, cigar or pipe tobacco, or the chewing of snuff or chewing tobacco, reducing carbohydrate craving, drowsiness to sleepiness, Anxiety, nausea, dizziness and headaches, eliminating the suffering experienced from the nicotine withdrawal syndrome over the course of these programs, which not only allows the programs to focus on their educational or behavioral modification goals, but also reduces the incidence of program non-completion, smoking and abrupt termination, remission from symptoms of withdrawal and a profound decrease in cravings for cigarettes, subsequent ability to control the severe urges through psychological and behavioral techniques, entirely different and experienced near total alleviation of her symptoms of anxiety, irritability, restlessness, impatience, food cravings, and thirst which had been previously intolerable, cease smoking, stopped smoking with subsequent extreme carbohydrate cravings and irritability, lack of concentration, anxiety, depression as well as some insomnia symptoms, myocardial infarctions, a better sense of control, cross addicted individual who has been able to give up heroin and other substances of abuse but remains severely addicted to nicotine, severe urges throughout her entire period of not smoking, viral gastritis, dramatic relief from her urges, anxiety, difficulty concentrating,

irritability, restlessness and impatience, near total alleviation of the troublesome symptoms, stop smoking, withdrawal from nicotine, coming off of heroin, significant relief to be free now of all drugs, difficulty coping on an emotional basis, attenuate the symptoms of withdrawal, improvement in his overall sense of well being, complete abatement of urges for cigarettes as well,

assisting weight loss involving the combined administration of a rauwolfia alkaloid and at least one antidepressant, selected from the groups consisting of aminoazoles, phenoxyphenylpropylamines, and aminopropiophenones, in a daily regimen with the optional co-administration of one or more sympathomimetic anorexic agents, active ingredients to suppress appetite, maintaining weight loss, excess body weight and obesity, appetite suppressive, increased compliance with and tolerance to a low-calorie diet will often develop, suppress appetite, concomitant administration of effective amounts of a rauwolfia alkaloid and at least one antidepressant, antihypertensive therapeutic agents in the management of elevated blood pressure, management of agitated psychotic states, such as schizophrenia, rauwolfia alkaloids are deserpidine, alperaxylon, reserpine, and rauwolfia serpentina, rate of weight loss, patient compliance to a calorically-restricted diet

sympathomimetic anorexic agents are administered in an effective amount, normally its recommended dosage, over a portion of the time during which the rauwolfia alkaloid and one or more of the specified antidepressants are being administered, sympathomimetic anorexic agents refers to compounds pharmacologically similar to amphetamine, dextroamphetamine, methamphetamine, benzphetamine, phentermine, chlorphentermine, fenfluramine, dextrofenfluramine, clortermine, mephentermine, phenmetrazine, phendimetrazine, diethylpropion, mazindol, phenylpropanolamine, ephedrine, pseudoephedrine and methylphenidate, representative sympathomimetic anorexic agent is diethylpropion, prevent possible insomnia, weight reduction, hypertensive, diabetic, weight change, neuropathic, analgesia is produced or hyperalgesia is reduced in an animal including human beings by administering 3-(p-trifluoromethylphenoxy)-N-methyl-3-phenylpropylamine either alone or with morphine sulfate, producing analgesia or reducing hyperalgesia, innocuous analgesic which could serve as a substitute for opiates in order to avoid the problems of addiction, co-administration of morphine sulfate and 3-(p-trifluoro-methylphenoxy)-N-methyl-3-phenylpropylamine produces a

synergistic analgesic effect over either compound when administered alone

retention of memory, treatment of amnesia, post-training subcutaneous administration on memory retention, post-training intracerebroventricular administration memory retention, pre-training subcutaneous administration of fluoxetine on memory retention, dose-response improvement of recall score by pre-test administration of fluoxetine, improved recall of information poorly stored in memory because of weak training, acquisition, Acquisition of T-maze active avoidance, time-dependent improvement of memory retention by post-training subcutaneous administration anti-amnesic effect, retention for passive avoidance conditioning, usually improve retention in passive avoidance as well as active avoidance paradigms, improve retention for one-trial passive avoidance,

the ability to employ lesser amounts of dextropropoxyphene than normally required to achieve the same analgesic effect desirable in order to limit physical dependence, tolerance, and respiratory depression, as well as other adverse side effects normally associated with chronic administration of dextropropoxyphene, for producing analgesia even in patients who have become tolerant to opioids, potentiating dextropropoxyphene analgesia

circadian rhythm disorders, borderline personallity disorders, personality disorders, Late Luteal Phase Dysphoric Disorder, psychoactive substance use disorders, sexual disorders, and schizophrenia and certain psychiatric symptoms including stress anger, worry, rejection sensitivity and lack of mental or physical energy, personality traits are inflexible and maladaptive and cause either significant functional impairment or subject distress that they constitute personality disorders, significant impairment in social or occupational functioning or subjective distress, borderline personality disorder (BPD) from anti-social personality disorder, antisocial personality disorder or many traits of the syndrome, instability of self-image, interpersonal relationships and mood, beginning by early adulthood and present in a variety of contexts, such as self-image, sexual orientation, long-term goals or career choice, types of friends or lovers to have, or which values to adopt, chronic feelings of emptiness or boredom, interpersonal relationships are usually unstable and intense, extremes of over-idealization and devaluation, difficulty tolerating being alone,

frantic efforts to avoid real or imagined abandonment, a pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of over-idealization and devaluation, impulsiveness in at least two areas that are potentially self-damaging e.g., spending, sex,, substance use, shoplifting, reckless driving, or binge eating, affective instability; marked shifts from baseline mood, usually lasting a few hours and only rarely more than a few days, inappropriate, intense anger or lack of control of anger, e.g., frequent displays of temper, constant anger or recurrent physical fights, recurrent suicidal threats, gestures, or behavior or self-mutilating behavior, marked and persistent identity disturbance manifested by uncertainty about at least two of the following: self-image, sexual orientation, long-term goals or career choice, type of friends desired or preferred values, chronic feelings of emptiness or boredom, frantic efforts to avoid real or imagined abandonment, premenstrual Syndrome (PMS) variety of physical and emotional changes associated with specific phases of the menstrual cycle, clinically significant emotional and behavioral symptoms that occur during the last week of the luteal phase and remit within a few days after the onset of the follicular phase, marked affective lability (e.g., sudden episodes of tearfulness, sadness, or irritability); persistent feelings of irritability, anger or tension (feeling "on edge"); feelings and self-deprecating thoughts,

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substance despite adverse consequence, chronic maladaptive and self-destructive behaviors, schizophrenia, psychotic symptoms during the active phase of the illness, and functioning below the highest level previously achieved, delusions, hallucinations, or certain characteristic disturbances in affect and the form of thought, at least delusions, prominent hallucinations, incoherence or marked loosening of associations, catatonic behavior, flat or grossly inappropriate affect, bizarre delusions (such as being controlled by a dead person), or prominent hallucinations,

sexual disorders, paraphilias, sexual dysfunctions, premature ejaculation, recurrent intense sexual urges and sexually arousing fantasies generally involving either (1) nonhuman objects, (2) the suffering or humiliation of oneself or one's partner (not merely simulated), or (3) children or other nonconsenting persons, paraphilia patient has either acted on these urges or is markedly distressed, hypersexual states, stress, worry, anger, rejection sensitivity and lack of mental or physical energy, heart attacks, "strokes", ulcers and other stress related illnesses, anger, "Type A" personality, domestic violence, violence in general, rejection sensitivity, extremely upset, angry or depressed in response to what they interpret (frequently incorrectly) as rejection, abandonment, or criticism, rejection-sensitive dysphoria, low mental or physical energy, amphetamine psychosis or rebound acute drowsiness), safe and effective in facilitating psychotherapy, any form of psychotherapy must address the patients "resistance" to change, inability to disengage from a particular worry, and look with a less rigid mindset at a larger picture, tendency to react in anger, inertia, hypochondriasis, method for enhancing psychotherapy, useful in the effective management and treatment of the specific disorders or specific symptoms

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severe incapacitating symptoms of LLPDD, general ability to function, severe premenstrual symptoms, early awakening, morning was stimulating, phase delay of their circadian rhythms, rhythms synchronized, improvement in early morning functioning, body clock, sexual disorders, delayed orgasm, troubled by a drive to act out sexually in terms of pornography and masturbation, desire to stop; unable to do so, being able to go for weeks without sex, perform well sexually, enjoy sex, perverse sexual desires, no more deviant sexual desires, decreased libido, less desperate for an orgasm, problems with potency, used only in cases of dangerous sexual offenders (e.g. rape and child molestation), schizophrenia, anxiety, potentially devastating long term side effects of antipsychotic drugs currently available (including sometimes irreversible movement disorders, such as tardive dyskinesia and potentially fatal neuroleptic malignant syndrome) make alternatives to antipsychotic drugs a critical need, stress, subjective distress, ability to function in the face of stress, improvement in chronic gastrointestinal disorders, experienced palpitations of the heart in stress situations and noted that this stopped, arrhythmia, able to cope, take on this increased work load, anger, mad, rejection sensitivity, parenting easier and enjoyable, not bothered by occasional critical remarks, no longer living in "fear of rejection", recognized disorder defined in DSM-III-R, fear of having, or the belief that one has a serious disease based on the person's interpretation of physical signs or sensations as evidence of physical illness

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mental or physical energy, completely exhausted at the end of her work day and unable to socialize or otherwise function effectively in the evenings, better

level of energy, not depressed but has multiple sclerosis, fatigued, not depressed but had become extremely sedentary, non-depressed patient, reported that she never had energy to do any housework after each day, not depressed, but was always so exhausted by the end of the day that he could never volunteer for overtime, facilitator of psychotherapy, superficial and rambling in his session; dramatically relaxed his defensive posture and allowed an interchange, let go of his preoccupation with a particular worry and make progress in a number of areas, unable to acknowledge her motivation for infanticide, denying tendency to intellectualize and deny his feelings, more able to identify and express his feelings, preoccupation and worries about his health, motivation for change, suicidal or poor self-image, frequent boredom, mood was labile, difficulty sleeping, vulnerability, hypomania, global clinical rating abnormal, unstable intense relationships: impulsivity with respect to alcohol use and reckless driving; affective instability with prominent anxiety, irritability, and depression; intense anger with frequent talk of wanting to kill the objects of his anger; recurrent physical fights with his younger brother; several periods of suicidal threats; persistent identity disturbance manifested in self-image and fluctuating career goals (e.g., spy, race car driver, etc.); and chronic feelings of boredom, prominent paranoid personality traits but no psychotic symptoms, co-existent dysthymic disorder and hypochondriasis, other drivers would regularly infuriate him, brighter mood, improved school performance, increased sociability

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antihistimine, anticholinergic, w/Darvon (dextropropoxyphene), alone or a combination with 1-5-hydroxytryptophan, preferably also with a peripheral decarboxylase inhibitor, is administered to hypertensive mammals to lower blood pressure, in Sidman avoidance, using squirrel monkeys, the response of the monkeys increased, pigeons trained under an adjusting ratio schedule, the drugs of this invention affect behavior in the same way as does the marketed antidepressant, desmethylinipramine (DMI), humans suffering from various psychoses, chronic undifferentiated schizophrenic patients, psychotropic agents, find use in treating disorders of sleep, sexual performance, appetite, muscular function, and pituitary function, preventing reserpine hypothermia, antagonizing or reversing hypothermia, apomorphine hypothermia, affect the behavior of animals trained in a variety of operant behavior schedules,

said substance or composition comprising 5-chloro-2,3-dihydro-2,2-dimethyl-N-(8-methyl-8-azabicyclo[3.2.1]oct-3-yl)-7-benzofurancarboxamide (Zatosetron), the isolated endo-diastereomer of zatosetron, a salt of zatosetron or a salt of the isolated endo-diastereomer of zatosetron, and said method comprising administering to a human said substance or composition.

7. A substance or composition for a new use in a method of treatment as claimed in any one of claims 1 to 6 inclusive, substantially as herein described.

DATED THIS 1ST DAY OF FEBRUARY 1993
C. SLABBERT
ADAMS & ADAMS
APPLICANTS PATENT ATTORNEYS

CLEAN COPIES AS FILED. DATED THIS 12th DAY OF FEBRUARY 1993

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